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INTERESTING THE COMMUNITY IN ITS HOSPITAL[1]

BY GENEVIEVE M. CLIFFORD, R.N.

THE hospital staff should be so organized that the superintendent has little if any of the detail work to do, leaving her ready to meet the many demands made upon her, without as well as within the hospital. In the past we have been conservative to a fault in matters of publicity regarding our hospitals and schools for nurses. The last few years we have been forced to come out and tell the public more about our institutions. People want to understand this hospital service that seems to them most expensive; they want to know why it is so expensive; why we must add new equipment to keep pace with advances in science and medicine; what we have to offer young women coming into our schools and why this department is gradually increasing in expense because of added equipment, better facilities and necessary upkeep. Doubtless the community chests have brought this new interest about. The men and women representing this civic welfare organization are striving to better understand the workings of all institutions coming under their support.

[1] Read at the annual meeting of the New York State Nurses' Association, at Syracuse, October, 1924.

Though a Board of Trustees may have many members who are willing to go before the people and present problems and needs, they are ever anxious to hear from the executive officer of the institution in her own words the story of work done in the hospital. Once started, you will probably find that this oral publicity work is an everlasting task, but it seems to me that no opportunity should be lost to meet the people and present the story of the hospital work and needs. We hear much these days of the publicity man and surely he has his place in hospital work as well as in other kinds of business but in the small institution it is usually the responsibility of the superintendent to do this work and break down the wall of prejudice and disinterest.

Three years ago when I took charge of a hospital that was experiencing many difficulties, there were many problems to adjust with the public. Some of them were how to get our needs, and we had many, to the people, how to bring the hospital closer to them, thereby arousing their interest in it, and how to get the financial support so necessary at this particular time. We outlined our work as follows:

It seemed to us that the first line of attack represented the organizations directly affiliated with the hospital. We therefore decided to make them better acquainted with all of the details pertaining to it, I mean the members of the Board of Trustees, the older women making up the Women's Auxiliary and the younger women making up the Young Ladies' Hospital Aid.

The President of the Board of Trustees is a progressive business man and he arranged several social functions to bring together the trustees, the Hospital staff, the city officials, the representative people of the University, ministers, overseers of poor in various townships and city, and in fact many influential people who ought to be interested in the welfare of the hospital. Needless to say we made use of these opportunities for an educational program.

We keep the welfare of the hospital in the minds of the trustees by inviting them to come in groups of ten for a general inspection of the various departments such as store rooms, drug room, kitchens, nurses' home and other departments. For example, I pass out lists of supplies issued from the store room during the preceding month and they ask questions such as how they are used, how purchased, how requisitioned. At the next visit, I give them slips of the breakage for the preceding month and explain how we accounted for it. After inspection they have tea and often they make many helpful suggestions.

Committees that are composed of business men are easily induced to attend meetings if they are invited to the hospital for lunch, with the meeting preceding or following luncheon. We do not consider this an extravagance, as almost every member has a worthwhile suggestion that will benefit the hospital.

We plan to have our Executive Committee in for dinner a few times during the year preceding the regular meeting. This gives them the opportunity to look about and see and hear many things about which they manifest unusual concern.

Some one representing the hospital is present at all meetings of the Auxiliary and the Young Ladies' Aid to present hospital problems and keep them interested.

First Aid to Interest

I found, during the past year that the work of one organization was lagging and in spite of my efforts it seemed doomed to failure. I called on my good neighbors in Syracuse to send some one over to stir us up. The story of the work accomplished by a neighboring organization, together with the enthusiasm the members brought with them, was an inspiration to all our members. The work and interest have steadily increased since their visit.

It seems to me a very important part of the executive's work is to keep as many people interested as possible. The Women's Auxiliary and the Young Ladies' Aid we feel should be concerned in all activities of the school for nurses, therefore we do not hesitate to ask them to give considerable time and thought to this important work. A Committee of the Auxiliary has charge of the two formal dancing parties given during the year, one at holiday time, and another for the members of the graduating class. A committee of the Young Ladies'

Hospital Aid gives several parties during the year for the students of the school.

Because we were constantly appearing before these affiliated organizations we soon received innumerable invitations to talk to outside organizations and clubs, and so our campaign of oral publicity extended not only in the city but finally into the county. We talked to such gatherings as The Child Study Club, The Parent-Teachers' Association, literary clubs, and business women's clubs. This last year we were also cordially invited to visit thirty-one home bureaus in the county. It seems to me this educational program was most effective, as we are serving quite an area of farmers and it is necessary that they realize the importance of hospital care and also learn to appreciate what we are doing for them.

You note the men have not displayed any particular interest in asking us to come to them, so we had to bring them to us. A few days preceding National Hospital Day, we invited the Rotary Club, 150 men, to come to the hospital for luncheon. I arranged this program for a twofold purpose: first, to bring the men to the institution so that we could tell them our needs and plans; second, to give the women whom we asked to assist with this luncheon an idea of how inadequate our dietary department was at that time. We served them in the nurses' dining room and through the corridors of the basement (not a particularly attractive place), but we made the food as inviting as possible, we gave them plenty of it, and after getting them into a proper mood, we presented our subject.

We had interesting graphs made showing our financial status, the expenditures, the source of income, the free service given, graphs showing the division of patients as to private rooms, semi-private and ward. After this they were taken through the hospital in groups and the needs were stressed. I am confident that these men learned more about the work and facilities for caring for the sick in this short time than they had ever known. I too know that it brought us new kitchen equipment to the amount of $1,600, given by one of our generous citizens.

On National Hospital Day we encourage people to come to the hospital and see for themselves the improvements and needs. We have an informal reception with one of the organizations serving tea. We try to have some literature ready to give to visitors and we also mail it to people who are unable to come.

The School of Nursing

This department must be kept constantly before the people; first, because it needs support, and second, to attract desirable students. Our school was reduced to ten students at the time I went to the hospital, with one hundred patients to be cared for, and graduate nurses difficult to procure.

We visited eighteen high schools in the near vicinity and talked in some to the senior students, in others to the entire school. We showed slides of the hospital and school, distributed literature and interviewed students after the talk.

On National Hospital Day, with the assistance of graduate nurses, churches, high school students, conservatory, and university students, we put on a pageant

using the hospital lawn[2]. This pageant brought about one thousand people to the grounds. Tea was served and a talk on Nursing as a Profession was given to girls interested in the work.

Once a year the staff of the school and the students give a reception in the nurses' home to members of the Board of Trustees and their husbands or wives, also to the doctors and their wives. This seems like a splendid opportunity of bringing the whole group interested in the school and students together. The students are responsible for the entertainment. Twice each year when the students are received into the school, an informal program is arranged with a minister as speaker, also a doctor or other prominent speaker. A special invitation is sent to the students' parents and intimate friends.

As a beginning for our library, the members of the Women's Auxiliary gave at the Home to the students a book shower in the form of an afternoon tea. We received 500 volumes and some splendid pictures. This is to be repeated once in two years, thereby keeping a supply of recent books in the library.

For the festivities of graduation we again call upon committees of the Women's Auxiliary. Besides taking charge of the graduation dance, they kindly assist with receptions and teas.

To sum up the results of this work that may seem apart from the administration of the business affairs of the hospital and the school for nursing, I think it is generally conceded that we must convince people of our needs before we can expect them to invest their money, therefore we must educate them to our needs, aims and accomplishments. Again let me say that coming in contact with them is no doubt the most effective way, but it is impossible to reach all people personally so we must depend upon the daily paper and literature.

As for its effect on my specific problem, I can assure you our financial support has increased. Each year we are adding thousands of dollars in equipment and buildings and each year thousands to our Endowment Fund. I am assured that the attitude toward the hospital has changed.

The effect on the school has been to acquaint people with its work so that they have a real interest in the students. The type of student we have been able to attract is improving each year and we are able to select the number we can accommodate from a list of several applicants. I am convinced the time has been well spent.

[2]See frontispiece, *American Journal of Nursing*, May, 1923.

INDIVIDUAL AND COMMUNITY HEALTH

Community or public health is individual health multiplied by the number of individuals in the community. It is individual health in the aggregate. Individual health may be divided into parts in accordance with the things which it includes.

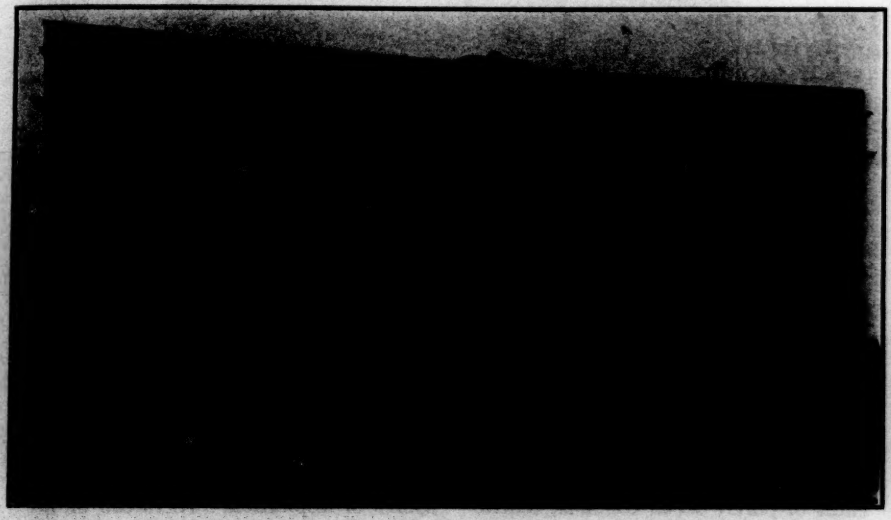
(1) Those things over which the individual has little or no direct control—milk and other food products, water supply, sewerage system, livable housing conditions and to some extent communicable diseases.

(2) Those things over which the individual has rather direct control—diet, sleep, rest, exercise, personal cleanliness—in short, personal hygiene, and to a considerable extent communicable disease.

—*Weekly Health Review*,
City of Detroit Department of Health.

LOS ANGELES CLUB IN USE[1]

By Vivian A. Kothe



Home (Clubhouse) of Los Angeles Nurses Club

THE query: "Just what use is made of the new Los Angeles Nurses' Club House?" brings with it many pleasing and gratifying sensations. The many uses to which such a building can be put might seem to be so obvious as to preclude discussion, but for the benefit of those on the outside, as well as those who are in the organization and as yet not of it, whether through indifference, lact of initiative or other reasons, it may be of interest to know that this beautiful building is rapidly measuring up to the ideals of those courageous and far-seeing souls who have been mainly responsible for its being.

The primary and actual use to which the Club House should be put is that to which any home which fulfills its highest ideal is put. It is a place of pleasant relaxation where each individual member can bring her friends and feel the genuine satisfaction of every true host in dispensing hospitality. It is particularly gratifying for a guest in the house to know and feel that the beautiful and homelike living room is available for her enjoyment, with its open fireplace where the fire is always laid ready for the match which insures cozy comfort, and the comfortable and luxuriously furnished parlors as well, which afford opportunity for small parties of bridge, Mah Jong, etc. These are some of the features which lend real charm and atmosphere to this satisfying Club Home.

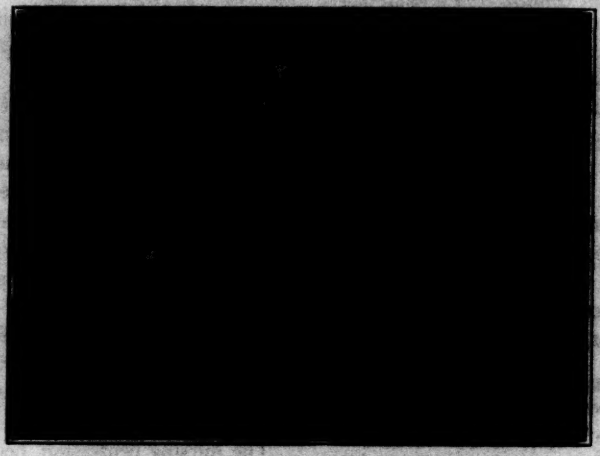
The nursing profession, because of its

[1]An interesting article, "How Los Angeles Nurses Financed Their Club," by Ella G. Dietrich, R N., may be found in the *Journal* for April, 1924.

AUDITORIUM OF THE LOS ANGELES NURSES CLUB

exacting responsibilities, has denied to many the joys and broadening influences of purely social contacts, contributing often to a very narrow viewpoint and preventing the average nurse from really giving her best to the world because the channels through which all altruistic work receives its inspiration are gradually but surely narrowed and eventually closed if she is denied this source of inspiration. There can be no more practical use to which a Club House can be put than that of its social function.

However, the actual service which the Club House renders does not end



LIVING ROOM, LOS ANGELES NURSES CLUB

here, as is attested by the various organizations of the nursing profession which utilize the club rooms for committee and directors' meetings, often combining the business meeting with a social tea. And last, but not least, is the beautiful auditorium and ball room fulfilling its mission by providing as it does just the right place for lectures, club meetings and various forms of entertainment. Perhaps the most appreciative and satisfied group of nurses using the auditorium is that group which may be found there on the first Tuesday of each month—the members of District Five of the California State Nurses' Association. It is largely due to longings for a quiet and permanent place of meeting that the Directors of District Five first thought of and later organized the Los Angeles Nurses' Club and now with the Club House a reality, with the hospitable doors of its auditorium and its directors' room always open, District Five does indeed feel very fortunate to be identified with Club House activities. The Club and the District Association are separate organizations, but with common ideals, with strong bonds of sympathy and understanding, perhaps at some future time other dreams may be realized and the two become one organization, controlling the nursing activities of a great city.

So we hope that additional uses will be found for a Club House that represents in such a concrete way the energy, resource and persevering patience of one of the most representative groups of professional women.

BILIARY DRAINAGE

By Hilton S. Read, M.D.

BILIARY drainage, as introduced in September of 1919 by Dr. B. B. Vincent Lyon, has a twofold purpose, diagnostic and therapeutic. It has been vehemently attacked from many quarters, but unquestionably it has added considerably to the medical man's armamentarium and it is, without doubt, a refinement of diagnosis worthy of fair trial. It, like X-ray, is only a means to an end. X-ray films do not come through the developer with a diagnosis stamped upon them and so it is with biliary drainage. While the actual performance of the test, properly done, is intricate and difficult, still the interpretation of the results is even more puzzling. It is a diagnostic measure which requires constant practice and eternal vigilance for details, to be of value. Only a medical detective, one who loves to search out minute clues to their ending, should employ this test with any hope of achieving success. It is as a therapeutic agent that it has been particularly censored. But here, too, it has unquestionably, in skilled hands, brought about remarkable improvements in the condition of patients.

It has opened up a great field. As Dr. Lyon[1] has written,

> When applied diagnostically gall tract drainage will often detect pathological physiology, the forerunner of actual disease. Therapeutically it will permit of discarding, to

[1]Non-surgical Drainage of the Gall Tract, Lyon.

a certain extent, some of the dietetic and oral therapeutic measures which have proved relatively unsuccessful.

Naturally, "it cannot remove stones, cut out pathological tissue or break up adhesions," but it undoubtedly offers a chance of curing, without surgery, infections of the biliary tracts. It, too, has a place in the treatment of typhoid carriers whose gall bladders are the breeding place of the germs. Of late, duodenal flushings have successfully been used in the treatment of intestinal parasites[2].

Material Necessary for Biliary Drainage

1. Duodenal tube (iced.)
2. Three two-holed rubber stoppered bottles.
3. Plunger syringe.
4. Solutions for cleaning.
5. Litmus paper.
6. Olive oil.
7. Magnesium sulphate.
8. 250 c. c. graduate.
9. 300 c. c. cylinder reservoir.

The Technic of the Drainage

Only religious attention to detail in the performance of this examination will lead to success. Many of the points of technic, as originally pointed out by Lyon, may seem a waste of time to the tyro, but as he progresses and profits by experience, paying more and more attention to detail with each test, so will his success with this method of diagnosis increase.

The examination is begun after twelve to fifteen hours of fasting after a motor meal consisting of a meat sandwich (any kind of meat or fowl), six stewed prunes or twenty raisins, and any simple beverage the patient may desire. After this meal is taken, nothing more is to pass the lips of the subject until the examination is begun.

The drainage is most suitably begun at eight or nine in the morning. On the morning of the examination the patient is not to brush his teeth, lest by slight trauma to his gums and buccal mucosa and the attendant minute hemorrhages he cause false findings in the gastric residuum. He should not even swallow his saliva or the coughed-up mucous from the nasopharnyx.

The disinfection of the mouth should be by repeated rinsing and gargling with a zinc chloride and formalin mixture, very similar to the proprietary "Lavoris." This should be followed by potassium permanganate and sterile water (1-500). If nasal catarrh is present, a spray of the nares is advantageous.

The tube is now passed into pharynx, with a gloved finger as a guide, until it passes over the epiglottis and the operator feels the tug of the esophagus on the tip. The tube should be iced and preferably no lubricant should be used. If the patient insists on a lubricant, sterile olive oil is to be employed. Oftentimes patients have to be "tube broken" after the fashion of breaking a colt to the saddle or trap. Great patience is required here and many will fail in the successful use of this examination because they fail to properly "size up" the patient and employ the proper method in "tube-breaking" them. Oftentimes the properly instructed patients will prefer to pass the tubes themselves, doing so readily and with ease, and think no more of this procedure than they do of casually washing their hands.

[2]Unpublished case of Riesman, Rivas, Smith and Read, Philadelphia General Hospital.

Similar procedures to the cleansing of the mouth may be employed in "sterilizing" the esophagus but employment of them means the ruining of the gastric contents in so far as chemical analysis is concerned. Of course if a very accurate bacteriological study is desired then "sterilization" of the esophagus is to be practiced.

The tube is passed slowly to the first marking which is fifty-five centimeters, the average distance from the lips to the greater curvature of the stomach. The residuum of the stomach is then removed, if desired, and is sent to the laboratory for study.

The stomach is then washed out with repeated douchings and withdrawals of 250 cubic-centimeter portions of sterile water, run in at body temperature from a cylinder at an elevation of eighteen inches above the patient's head. The next step is to astringe the gastric mucosa with 250 cubic centimeters of sterile water containing 25 cubic centimeters of the zinc chloride and formalin solution, which is introduced and shortly withdrawn. The gastric mucosa may be sterilized by the introduction of potassium permanganate, silvol or silver nitrate and washed out with sterile water.

Four ounces of sterile water are introduced through the tube to stir up gastric peristalsis and help the passage of the tube into the duodenum. The end of the tube outside the body should then be clamped. The patient should now lie on his right side and *very slowly* swallow the tube up to the duodenal mark, seventy-five centimeters from the lips. Ordinarily this procedure should not take longer than thirty minutes, and should never be completed in less than twenty. The pylorus normally opens from six to fifteen times a minute so that if the tip rests up against the pylorus for a minute in passing the centimeter in diameter, it has six to fifteen chances of slipping through. Drugs tending to relax the pylorus may be employed but are not to be resorted to unless fair trial has been given without them. Postural changes in pathological conditions will often encourage the passage of the tube through the pylorus. After twenty minutes the tube should be in the duodenum and the clamp may be removed to see if bile flows. If bile flows, either the tip is in the duodenum or there is regurgitated bile in the stomach.

Tests to determine the location of the tip are helpful but not absolute. The so-called pyloric tug is very confusing, inasmuch as an esophageal constriction or a cardiospasm or even the pressure of the tongue on the tube against the roof of the mouth may simulate this phenomenon. Passage of a syringe full of air through the water introduced into the stomach will, with the aid of a stethoscope on the abdominal wall, give the location of the tip by the point of maximum sound of the air bubble. The acidity of the draining substance should be less in the duodenum, but is not necessarily alkaline or even neutral. When the syringe is attached to the tube and the plunger withdrawn, the tube will collapse more readily if it is in the duodenum because of the lessened volumetric content of air in the duodenum over the stomach. A drink of water may be taken if the position of the tip is in question and if, immediately after swallowing the water, it may be recovered by way of the tube, the tip is

probably in the stomach. Fluoroscopic examination may be made to determine the position of the tip.

With the tip of the tube in the duodenum, the duodenal contents, usually ten to twenty cubic centimeters, are withdrawn and examined microscopically and bacteriologically. Seventy-five cubic centimeters of magnesium sulphate solution are now introduced, by gravity, to douche off the duodenal mucosa and stimulate the flow of bile by relaxing the sphincter and is immediately syphoned off. This is discarded, but as soon as the golden yellow bile begins to flow, the tube is attached to a sterile bottle at the side of the bed and the bottle labeled A. This is the bile from the common duct. In cases where the magnesium sulphate fails, olive oil may be employed and has met with a fair degree of success in causing an outflow of bile. When the bile becomes a darker shade of golden yellow and turns to yellowish brown with a viscosity of molasses the tube is disconnected from bottle A and is connected to bottle B. This is common duct and gall bladder bile and generally runs for ten to fifteen minutes and one to two ounces.

Then comes the C or liver bile. This is thinner in viscosity and has a lemon yellow to straw color. The length of period over which the drainage is continued is dependent upon the reason for which the procedure is being practiced.

At the termination of the examination, the tube is withdrawn by gentle traction and the patient is fed. Failure to observe this final direction causes the patient to leave the office and become faint because of prolonged fasting, while the attention to this minor detail assures his comfort.

Summary

1. Biliary drainage is a new therapeutic and diagnostic measure.

2. It is a difficult test requiring minute attention to detail by the operator and the coöperation of an intelligent patient.

3. Its successful management requires extraordinary training and presents a growing specialty in nursing.

THROUGH HEALTH TO HAPPINESS

The slogan "Through Health to Happiness—Find It In Books" will be kept very prominently before the public during the week culminating on May first—Child Health Day. A definite and well-directed effort will be made to stimulate interest in health books through the coöperation of the National Health Council, which is composed of fourteen health organizations such as the American Child Health Association, the National Organization for Public Health Nursing and National Tuberculosis Association, and the National Association of Book Publishers.

The Council endorses this effort of librarians, booksellers and publishers to bring about a broader distribution of sound health literature. Posters suitable for use by health organizations and schools may be secured from the National Association of Book Publishers, 334 Fifth Avenue, New York City. A valuable and authoritative book list may be procured from the American Child Health Association, 370 Seventh Avenue, New York City. Other valuable lists which may be obtained are Pathways to Health, a reading course for parents, published by the United States Bureau of Education, Washington, D. C., five cents per copy; Popular Books on Health and Health Books for the Family, published by the National Health Library, 370 Seventh Avenue, New York City.

THE UNWRITTEN CURRICULUM[1]

By Adda Eldredge, R.N.

THE organization of the school, whether as part of the hospital or separate, is always a matter of the deepest importance, but it does not affect the main issue of this discussion, for the hospital is and it must remain the center for the teaching of nursing in the following important, yes, all-important subjects which, though not perhaps directly outlined in the curriculum, mean everything to the nurse, the public and the hospital.

First in importance are what may be called the humanities, and these must be taught by the hospital superintendent, the nursing staff, the administrative staff, the medical staff, the internes and the hospital board. The first of these humanities to be discussed is *loyalty*, that loyalty of which we have heard so much all our lives, loyalty to patients and loyalty to the physician. But how can the nurse learn loyalty in the class room? She must *see* loyalty in the support that is given by the superintendent of nurses, by the hospital superintendent, the staff and the board of directors. I know that no one will disagree when I say that often she does not learn this. One doctor criticizes another before the student nurse; the superintendent of the hospital finds something wrong and criticizes the superintendent of nurses to the student nurse or before her. Hearing these things, how can she come out with that loyalty which is demanded of her?

[1]One of four addresses on The Teaching Function of the Hospital given at a general session of the American Hospital Association, October, 1924, at Buffalo, N. Y.

Courtesy—No one needs courtesy more than the student nurse, and courtesy can only be taught to one who sees it. She must see courtesy practised by all members of the staff to each other and to her.

Kindliness—We know that patients are sometimes roughly treated and their feelings disregarded by internes and even perhaps by the nursing staff; if the patient happens to be a troublesome one, by everyone. The student can learn courtesy and kindliness only by example, by seeing them associated and everywhere used.

Truthfulness—Truthfulness in its fullest sense does not mean refraining from lying, it means telling the truth! When she sees, as she sometimes does, little things glossed over, things concealed that should be told, she does not learn truthfulness, for truthfulness also can be learned only from example.

Thoughtfulness, gentleness, sympathy are all learned by observation, by seeing and by receiving them, and it is very important, particularly with the very young groups which are in our hospitals today, that they see nothing else. Commercialism is one of the things often charged against the nurse of today, and it is my observation that she is often taught commercialism in the hospital. Consider the small institution, insufficiently staffed no doubt, where every drop of the solution with which the dressing is wet, is measured or estimated and the student nurse has to record it; where every dose of medicine

is put down on a slip and sent to the hospital office to be charged. This should not be a duty for a student nurse, student nurses should not know whether their patient is paying full hospital rates or whether he is a charity patient. I have a rooted objection to a hospital called a "charity hospital." A nurse should not differentiate nor should the commercial side of hospital administration, as it relates to the patient, be brought up before her or to her, lest she leave the hospital with the idea that the real object of the administration is money. One of those things that should become ingrained in her is the thought that the patient is to be cared for and that money is not the consideration.

Perfection in Nursing Technic

The *second* thing I have taken up with regard to subjects which the hospital should teach is technic, *perfect, finished nursing*, and we do not see as much of that as we used to see; perhaps one reason is that our hospitals have not in the last few years, been as well staffed with nurses as formerly. Perfect, finished nursing is the aim which every staff of nurses should have in the teaching of the student, and they should not only teach her but show her that the aim in nursing should be the comfort of the patient, which can be secured only by absolute kindliness, extreme neatness and a deftness which gives speed without sacrificing that beautiful finished nursing which is vital to the training of the nurse. Some authorities have given as the definition of genius "an infinite capacity for taking pains," and surely no human being so much needs to be taught that genius (if genius can be taught) as does the student nurse in the hospital, regardless of the field of work into which she is going.

Third, there is the tying up of theory and practice. The underlying principle, the scientific function of the class room is what arouses the interest of the nurse in her work in the ward. We are told that the greatest aid to memory is the answer to the question "Why," and if the Why is known, then there is very little to be taught in regard to *how* and *where* and *when;* they follow as a matter of course. The right way, the same way, in other words what we hear spoken of so many times as the standardization of nursing procedure, which consists in teaching the student why she does a thing, to do it perfectly and always in the same way. Then she has attained what we know is the foundation of everything in human life—habit; formation of the habit until it becomes second nature to do the procedure correctly.

Coöperation with Other Departments

The *fourth* thing is coöperation with the other groups of workers which is so necessary for the best interests of the patient, the student, the institution, in fact the best interests of all concerned. Coöperation with the laboratory will mean that she has been taught bacteriology sufficiently, laboratory technic sufficiently so that she will see that specimens from the operating room or the ward reach the laboratory in right condition for examination. Better coöperation with the dietitian means that the nurse, having been taught nutrition, will give better service on the ward in

the serving of her trays, and that fewer mistakes will be made in the diet of the patients. The nurse will be vitally interested, and will work hand in hand with the dietetic department. We very seldom think of nursing in connection with the administrative department of the hospital, but if the nurse were taught by the administrative head the cost of the materials used, the care of equipment would become of the same moment to her that it is to the superintendent of the hospital who considers that he is handling trust funds. She is too often not taken into the confidence of the administration and has not the slightest idea of costs.

The same thing is true of the care and use of drugs. If the pharmacist has an opportunity to present to the student nurses not only the cost of drugs but the expense of deterioration, and the wastefulness that can be checked by cooperation, we will find not only that the student is being better educated but that she is coöperating with the administration. What is true of these departments is true throughout the institution.

Social Aspects and Prevention of Disease

Fifth, the student nurse should be taught some of the social aspects of disease. If she knows, through the social service department, the surroundings from which her patients come, if she knows something of the difficulties, of the income, of what poverty means, she will have a greater sympathy and take better care of those patients in the wards. She will not think it strange that a man is irritable and discouraged and worried though he is doing well, if she knows that there are those at home who are suffering from loss of his earnings. All of us know how much harder a woman is to care for than a man, particularly a woman from the poorer classes. Why, she has never been waited upon before in her life! It is her one great opportunity! She loves to see the nurse walk the whole length of the floor carrying something for one patient and then ask for something that she might have brought at the same time. If the nurse realizes from what surroundings that patient has come, her sympathies will be aroused and she will be patient, where otherwise she might feel that she was being imposed upon. Practical sociology and practical psychology are thus very necessary parts of the curriculum for any school of nursing. Sometimes the reason we do not agree with the medical profession is because we have not learned the psychology of giving them our ideas and keeping still about it, and then waiting until they come around and present them as theirs, and then using them.

Positive Health

The *sixth* thing in this curriculum for the students in our schools is imparting knowledge of the prevention of disease, and teaching that what one sees in the hospital are deviations from the normal. How often a student nurse, and even some medical students, have but the slightest idea of what the normal is. They begin to judge human beings by those they see in the hospitals, by the deviations from the normal which have brought the patients there. How are we going to teach our student nurse something of the normal? We might begin by taking sufficient care of *her* to

see that *she* has sufficient sleep, has the right kind of work, and suitable and normal surroundings for living and working. When she sees the hospital taking an active interest in its employees to see that they have health, instead of ignoring absolutely manifest disease conditions, health will become to her something more than one of those things she knows something about but that she does not see practised. Health habits are being taught to little children, yet many students come into our schools of nursing without having been taught health habits, and *we* do not teach them there. Some of the things that the Boards of Examiners require seem unreasonable to hospital trustees. Living quarters for nurses where there are not more than two in a room are not so unreasonable when we realize that overcrowding in our tenements is something that is looked after by the city and state.

Today the nurse is a teacher of health and she must see in this program of mine the doctor, her supervisor, the interne, all teaching the patients how *not* to come back to the hospital. Many times before the days of our social service and in many hospitals today where they have no social service, we have seen patients sent out with no idea what to do when they reach home; a good deal of advice is given about not overworking (when the woman is going back to five children and to do her own washing), but very little practical teaching as to how to keep well. A nurse must know "positive health," not merely the absence of disease, but what it means to be mentally well and physically well.

Responsibility for Graduate Nurses

So far I have talked entirely about the student nurse; I have not touched on the fact that the hospital could very well give postgraduate courses to nurses who have finished their training. Just as it is necessary for doctors to go back and get the new ideas and have clinics and instruction, it is necessary for the nurse, if she is to go forward, to once in a while stop and learn what there is that is new. The hospital could of course give these courses but many times the nurse has been fooled by attempting a postgraduate course and finding she was simply doing the work of the hospital while a school was being started.

Then for that part of our nursing staff which is so varied and variable, here today and gone tomorrow! I am talking of the supervisors and the head nurses who, in many institutions, do not stay. Clinics, lectures, conferences, and closer coöperation of the nursing staff, will tend to make that body a more permanent one in our institutions. Knowing something not only about nursing but about conferences with the administrative staff and with the medical staff would do much to make for better coöperation, and would do much to keep in our institutions women of the right caliber. I know of one institution which has been entirely staffed by graduate nurses, where at least once a month some member of the University has given a lecture to the nurses. They are required lectures; the nurses have learned something about the electrocardiograph, and all the new things which are being introduced into the

hospital, and this is the only kind of thing to cling to, to make them keep Knowing what you are doing and why you are doing it, is the lure which is not only going to keep women in the nursing profession but is going to bring them in.

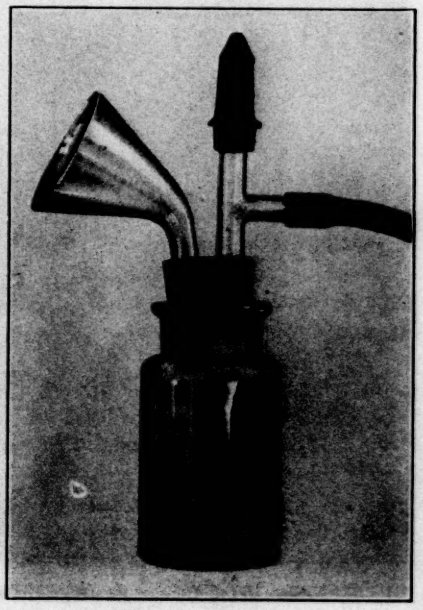
I believe whatever we teach our student nurse, we want to teach her habits of mind, habits of heart and, if I may say so, habits of spirit and soul. Too many of our institutions are too material. The women whom we bring into nursing are very young, and many of our institutions which are not affiliated with religious organizations seem to forget that man is spiritual as well as material and that if these young women who enter schools of nursing are to keep their balance when they learn all that there is "in illness of evil and how much evil is the root of disease," they must have some sure foundation and something to cling to, to make them keep their balance. Whether the institution is connected with a church or not, provision should be made to guide the student nurse so that she may not lose that spiritual side of life so necessary to a perfect human being.

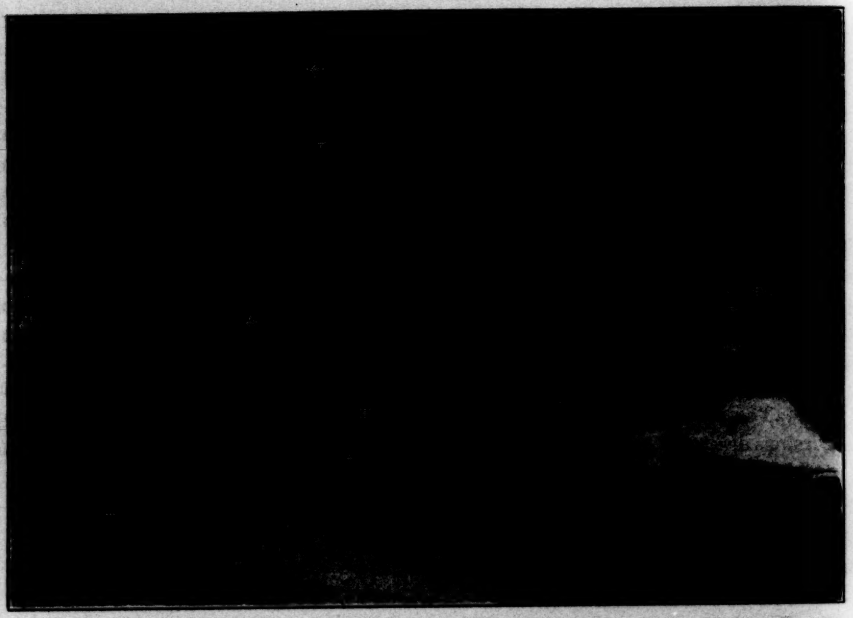
ABT'S ELECTRIC BREAST PUMP

By Calvina MacDonald, R.N.

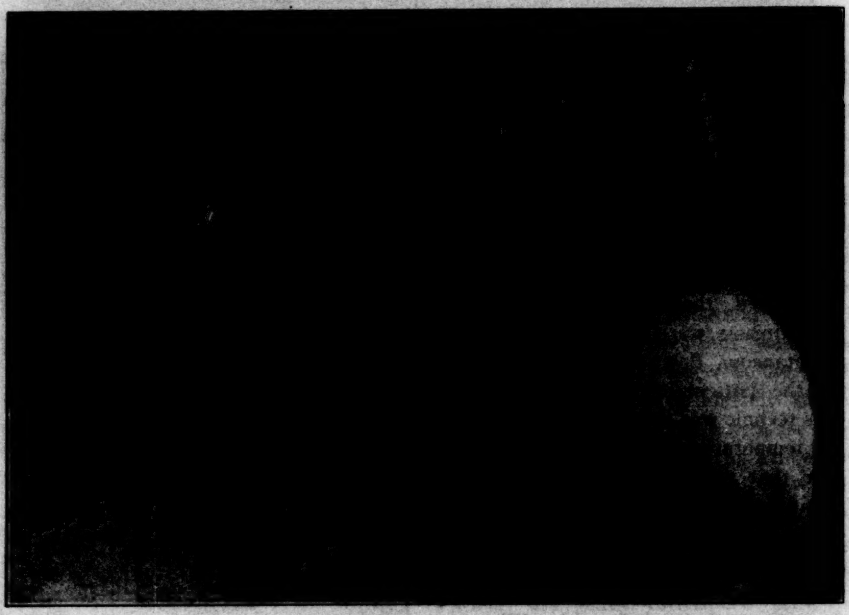
BEFORE discussing the advantages and disadvantages of the Abt's Electric Breast Pump as used in the work of the Cleveland Maternity Hospital, I shall explain briefly our methods of breast and nipple care previous to its introduction here.

Some years ago, rather than use the ordinary breast pumps on the market, this institution adopted the following methods of breast care. During the period of engorgement and when fissures threatened, the nipples were "rested." The breasts were stuped to encourage spontaneous flow and to give comfort to the patient. The disadvantage of this technic was that it tended to diminish temporarily the normal milk supply. For that reason the rest period could not extend over twenty-four hours, nor could such long rests be frequently repeated. The method did, however, take care of tender and cracked nipples and kept the patient comfortable. When, as in the case of premature infants, it was absolutely necessary to obtain all the mother's milk possible, and that im-

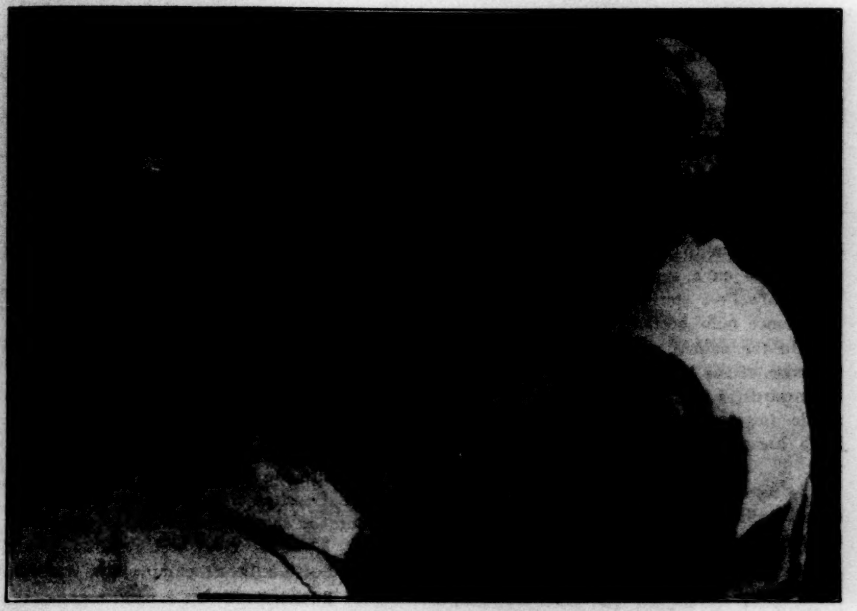




Mother Using Breast Pump—Milk Receptacle Attached



Nurse Using Breast Pump—Catching Flow Directly in Feeding Bottle



NURSE USING BREAST PUMP—MILK RECEPTACLE ATTACHED

mediately, "breast milk expression" was resorted to. Except in the hands of experts, this method had the disadvantage of causing an occasional infection of the papules of Montgomery. It also required a great deal of precious time.

When the infant for some reason is unable to fully stimulate the secretion of milk, "breast-milk expression" is undoubtedly the most advantagous method of maintaining a milk supply, but it is accompanied with danger of trauma and infection *in the early engorgement period*. It is safer to wait until that period is over and *then* teach the mother how to express the milk. In justice to the patient, students or inexperienced nurses were not allowed to carry out this procedure.

The Abt's Electric Breast Pump, which has been in constant use for about six months, fills all the requirements of convenience, asepsis, stimulation and freedom from the dangers of trauma. The mothers can use it readily and without the slightest discomfort. The suction of this breast pump can be regulated to the "nth" degree. It causes no reopening of closed fissures as does the ordinary pump. It is most efficient in drawing out inverted or flat nipples. It empties the breast more completely and readily than does any other method we have used. At the first sign of trouble in the breast this pump is applied and always with satisfactory results. We have three in use. One may be loaned to patients going home with premature babies, as it serves to tide over the time they require to become expert in breast-milk expression. This breast-pump is expensive and of delicate mechanism.

Thus far, however, the hospital mechanic has attended to the few adjustments found necessary.

Preparation for Use

All funnels, receptacles, etc., must be sterilized before using.

Keep the breast pump on a small table with good casters, such as Colstons', for easy transfer from room to room.

Assemble on a small tray, covered with a sterile towel—2 sterile funnels and 2 sterile four-ounce milk bottles.

Turn the patient on the left side, close to the edge of the bed, with the nipple pointing downward. Keep the breast covered with a sterile towel until ready to apply suction. Both breasts may be emptied from the left side.

The nurse scrubs and disinfects her hands, using alcohol, 50 per cent.

The patient's hands are washed and disinfected in alcohol, 50 per cent.

Select funnels according to the size of the patient's nipples. If too much of the areola is drawn into the funnel the flow is obstructed.

Regulate the valve until the gauge registers 3° mercury.

Connect rubber hose with bottle attachment.

Avoid nervousness on the part of the patient by demonstrating suction on the disinfected palm of the hand. This is also a guide to the nurse as to the strength of suction. Be sure to regulate to low (3°) before applying to breast. The shock of too strong suction tends to retard the flow. The nipple should not be drawn beyond the middle of the funnel, since air space is necessary.

Keep the bottle-receptacle in a vertical or near vertical position, so that the milk may not run back towards the breast.

Allow the machine to run at 3° or 4° of suction for a few minutes, then increase the suction gradually by turning the regulating valve slowly to the right until 6° or 7° is reached.

It is important to maintain an even application of the funnel. If the edge is allowed to press into the breast at one point, the flow from that section is partially obstructed.

Fissure or sore nipples require very gentle suction, 5° to 6° gives best results. A few days' use of this breast pump allows a deeply fissured nipple to heal.

To increase the milk supply, use the pump every four hours for fifteen minutes. Excellent results are thus obtained.

When treating inverted nipples, choose a funnel small enough to prevent the areola entering.

CONCERNING THE ARMY NURSE CORPS

By Julia C. Stimson, R.N., Major
Superintendent, Army Nurse Corps

THE Army Nurse Corps is the oldest of the Federal Nursing Services, and was established by law shortly after the Spanish-American War. The authorized strength of the Corps at present is 500 regulars, and 200 reserve nurses who are employed on temporary contracts for the purpose of assisting in the care of patients in military hospitals who are beneficiaries under the Veterans' Bureau.

The Army Nurse Corps totaled 21,480 members in November, 1918, but the number was rapidly reduced after the war and since then it has been gradually decreasing owing to the closing of many temporary hospitals. Nurses are now stationed in China, in the Philippine Islands, in the Hawaiian Department, and in seventeen different states of the Union.

To be eligible to an appointment in the Army Nurse Corps, an applicant must be a graduate of an accredited

school for nurses, a registered nurse, a citizen of the United States, and between the ages of 22 and 35 years. She is obliged to pass a rigid physical examination prior to her entrance into the service and again immediately after she has been accepted. An annual physical examination is now also required of members of the Army Nurse Corps who must be able to perform their duties in all climates. Those nurses who fulfill the prescribed conditions as to physical, professional and educational qualifications are placed upon the eligible list for appointment as their services may be required. Applicants for the regular corps are not appointed unless they agree to serve for a period of three years. Resignations from the corps, however, prior to the expiration of the three-year period are accepted if necessary. In such a case the nurse forfeits only her right to transportation to her home if she does not spend the entire three years called for in her contract.

In June, 1920, a bill was passed by Congress granting relative rank to members of the Army Nurse Corps. While Army Nurses are not commissioned, their standing in the army corresponds to that of commissioned officers. Their position since receiving rank has been greatly dignified and their privileges increased. All nurses entering the corps are given the relative rank of second lieutenant.

The present pay of members of the Army Nurse Corps is as follows: First period of three years, $70 per month; second period of three years, $90 per month; third period of three years, $115 per month; and after nine years' service, $130 per month. Chief nurses receive $50 per month in addition to their pay as nurse.

Army nurses are assigned to duty at hospitals in the United States and abroad, according to the needs of the service. The first station is in the United States, in order that they may become acquainted with military customs and that their adaptability to community life such as exists in an army post may be ascertained.

It is not customary to assign a nurse to foreign duty until after her first year of service. The tour of duty beyond the continental limits of the United States is two years.

Members of the Army Nurse Corps are allowed 30 days' leave with pay each year. Sick leave of 30 days for each year is permitted if a nurse is incapacitated for duty by reason of illness or injury incurred in line of duty.

Nurses assigned to military hospitals at home and abroad are provided with quarters and subsistence. They are also entitled to medical treatment and they will not be discharged for disability incurred in line of duty until a reasonable time has been allowed for treatment.

One complete outfit of outdoor uniform is issued to each member of the regular corps upon entering the service. White uniforms for wear in the wards are also supplied by the government and are washed as part of the hospital laundry.

The special advantages of service in the Army Nurse Corps are the great interest of assisting medical officers who are doing scientific work of the highest order; the great variety of the nursing service; the opportunity for travel and study; the pleasant hours of duty; the delightful home and social life in many

stations and, after several years of service, the good pay.

It should be remembered that nursing in the army includes caring not only for members of the army proper, but for their families, and for veterans of the World War. The latest and most scientific methods are used and equipment is abundant and modern. In Washington where the Army Medical Center is located, the Walter Reed General Hospital serves for the practical experience of graduate medical and dental students and for the student nurses of the Army School of Nursing. This hospital is the largest of the army and has a daily average of about 950 patients. Approximately 100 members of the Army Nurse Corps are stationed here all the time. In addition, the School of Nursing has 170 student nurses enrolled.

The life of members of the Nurse Corps is full of interest. With full maintenance, initial uniform, equipment, thirty days' leave a year, extended care when sick, with the possibility of one month sick leave, insurance benefits, opportunity for advanced study, the probability of travel, and the promised assurance of ultimate retirement on three-quarter pay, the advantages of army service are steadily increasing.

THE USE OF BOILED SKIMMED MILK AS A FOREIGN PROTEIN

By Winifred Bell Kelley, R.N.

BOILED skimmed milk has been used as a foreign protein in the treatment of infectious diseases for some time in Europe, but its use is quite new in this country. As early as 1910 Robert Schmit used milk by intramuscular injections, and by the year 1916 many articles were written in German and Austrian publications on the use of milk for the treatment of various affections, especially in all forms of infectious arthritis, rheumatism and gonorrheal cases. There is but yet little written in English on the subject.

Any protein substances introduced parenterally into the body seem to recharge the cells with energy, stimulating them to greater activity in the struggle against microbes. The toxins are neutralized by fresh productions of antibodies, the local metabolism is intensified, and the pus is absorbed. This stimulation is followed by a local reaction in the area of the injection, consisting of the dilation of the blood vessels and an increase in the number of leukocytes which migrate from the vessels into the surrounding tissues. Thus under favorable conditions the infected organ or tissue may rid itself of its enemy. It will be seen by this, that the protein therapy rests upon a non-specific basis. In other words, it is now an accepted fact that many infectious diseases can be cured by the introduction into the body of non-specific substances which in themselves have no relation whatever to the infection under treatment. Much work has been done on the use of bacterial vaccines such as typhoid vaccine for the cure of infections, not that the organisms given had any specific

effect on the disease, but because being proteid material they produced their beneficial effects in the manner indicated.

The most noticeable features about the use of skimmed milk are the prompt loss of pain where that has existed, the rapidity with which the disease is cured, and the fact that the reaction is not violent. The general reaction occurs usually within from six to eight hours, with a slight chill and a slight rise in temperature. A few patients are nauseated. These symptoms appear only at the beginning of the course of the treatments, and the severity of the reaction has nothing to do with the cure. In case there is a more severe reaction, the second dose may be made smaller.

The method is that of any injection given intramuscularly, with all the usual precautions as to asepsis and avoiding of entry into a vein. The milk is prepared by boiling in a closed vessel for five minutes and cooling to body temperature. The initial dose for a child is from 2 c.c. to 10 c.c.; for an infant, 0.5 c.c. to 2 c.c. The total number of injections required, varies with the individual case. The injection is generally repeated every other day, and the dose is usually increased by 1 c.c. though this varies. The injections are given deep into the gluteal muscles.

Though it is used in a variety of diseases, it is desired now simply to present some work done in The Children's Mercy Hospital in the treatment of gonorrheal ophthalmia and chorea by the use of skimmed milk.

In cases of gonorrheal ophthalmia, after but two injections of the boiled skimmed milk, generally, the gonococci have entirely disappeared from the ocular conjunctive. By the third or fourth day there is a marked subsidence of chemosis and redness. The number of gonococci are very much reduced in the whole area, but one seems rarely to succeed in wholly removing the gonococci until after the fourth or fifth injection.

One case of gonorrheal ophthalmia was that of a two-months old baby girl. She was well nourished, with a good color. She was very fretful. The eyes were swollen and red, with a large amount of drainage. There was a history of a discharge from the eyes three weeks before admission. The examinations of the discharge showed a gonococcus infection. Several days after entrance into the hospital, 1 c.c. of boiled skimmed milk was given intramuscularly. There was a slight rise in temperature but no chills or nausea. The next dose of 1½ c.c. was given two days later. There was no rise in temperature, but shortly a marked improvement in the condition of the eyes, and the baby was less fretful. Two days later, 2 c.c. of milk was given. By this time there was a very little oedema of the lids and discharge was very much less. Two negative smears for gonococci were reported with a two-day interval. Ten days later, the baby was discharged from the hospital gaining in weight and taking feedings well. There was no redness or swelling of the eyes whatever, and the discharge was completely cleared up.

We have known for some time that there is an intimate relation between chorea, rheumatism and endocarditis. Accepting as we must the frequency with which the focal infections are found to exist with these diseases, usually in the teeth or tonsils, and also the

bacterial origin of endocarditis, our attention is inevitably drawn toward bacterial infections as factors in chorea.

The first case of chorea was that of a boy, 11 years old, very much underweight and pale. He was extremely nervous and had great difficulty in controlling voluntary movements. There was no heart murmur and his tonsils had been removed. He was unable to feed himself, he had to be restrained in bed to keep from injury. He was kept in a darkened, quiet room, and fed a high caloric diet for two weeks, but he did not improve very much. At the end of this time, he was given 4 c.c. of boiled skimmed milk in the gluteal muscle. There was no reaction and two days later 8 c.c. of the milk was given. There was no marked improvement. Again, two days later, he was given 10 c.c. After this he showed some improvement and was now able to lie quietly in bed, and to feed himself. Two further doses of 10 c.c. each were given at two-day intervals. There was now a great improvement. The boy was allowed up about the wards, and in two weeks more he was discharged, cured.

The second case was that of a nine-year old boy, very anemic. Heart and lungs were normal, the tonsils were infected and enlarged. He was losing the use of the right arm and leg, he was very nervous and unable to talk. His tonsils were removed ten days after admission into the hospital, but there was very little change in his condition. Four weeks later, a series of injections of boiled skimmed milk was begun. The first dose was 4 c.c. and produced no reaction, two days later he was given 7 c.c. of boiled skimmed milk, and in a like interval 10 c.c. was given. His condition at this time was slightly improved and he was much quieter. He received two further doses of 10 c.c. at the usual intervals. By this time he was able to use his arm and was gaining the use of his leg, his appetite was good, and he was gaining in weight. Three weeks later he was discharged, cured. In his first visit to the Out-patient Department, soon after discharge, there was seen a marked improvement in the child's general condition; his color was very much improved, and he was walking quite normally, he had gained rapidly in weight and he was able to sleep well at night.

The treatment is probably applicable in all forms of infection, though the best results have been seen in various types of gonorrheal cases in which it seems to be but little less than a specific.

While milk injections cannot be considered by any means as a cure for all diseases, it is believed that they have been extremely valuable in some. It is a mode of medication which is simple in use, and in many cases reported, it has been a complete cure without pain or anaphylactic shock.

Wherever the intramuscular injections of milk give us as good therapeutic results as do the intravenous injections of various proteins, it would seem that the intramuscular method should be preferred, for its simplicity and greater safety.

A sterile milk-albumin solution for hypodermic use, which has been placed on the market, is Aolan and is preferred by some physicians because of its ready use and because its use is uncoupled with the fever and chills which often follow the injection of ordinary boiled skimmed milk when similarly employed.

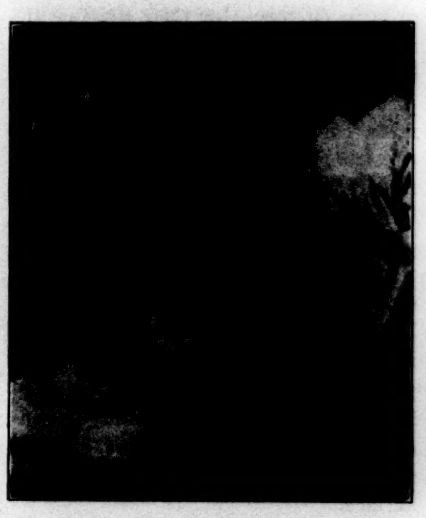
WITH THE ESKIMO OF ARCTIC ALASKA

By Ruth Ward Thomas, R.N.

MUCH is written and spoken of Alaska these days, its many natural resources pent up in its vast unsettled regions. Let us here visit the Arctic and the home of one of its peoples, the Eskimo, our most northerly Americans.

Point Hope, upon which the village of Tigara is situated juts out into the Arctic Sea a full thirty miles. On this rugged bit of coast line these simple people, some three hundred of them, have lived for many years—one might truly say, have existed—while a mile and a half away are grouped the buildings of St. Thomas' Episcopal Mission. These will ever stand as a memorial to the courageous work of Dr. John B. Driggs who, thirty-five years ago, came to heal the people in soul and body and who gave a life of service. To those who carry on his work, he will remain the standard bearer in the crusade for Right and Health. There is none who fails to do homage to that lonely mound of earth marked by a simple cross, tucked away in one of the most magnificent promontories of North America, Cape Lisburne.

It was not until the year 1920 that Point Hope had its first resident mission nurse, whose prospective field extended south two hundred miles to Kotzebue Sound, and north three hundred miles to Wainwright. A well equipped dispensary was maintained by the mission, as a nucleus, but patients needing hospital care (operative) must be sent to Noorvik, Nome, or Barrow over a perilous winter trail, or by revenue cutter during a short open navigation period. These three hospitals are splendidly equipped with modern facilities and do heroic work for whites and Eskimos alike. The one at Barrow, "the top of the world," was erected during 1920-21 by the Presbyterian Church and its influence is felt up and down the entire coast.



The Dispensary Hour. Infected Glands, Extensive

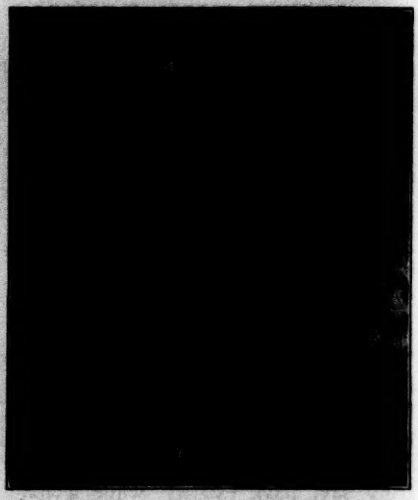
Our Tigarak-mutes had never seen a woman "doctor," as they phrased it, and in order to get better acquainted a visit was made at each igloo (house), about thirty-five in all. It was a splendid chance to observe conditions at first-hand, and gave one a working basis upon which to build. No interpreter was taken along on these visits, and many humorous situations arose, but we all got acquainted. Two or three old

abscess cases were discovered and daily dressings were instituted at once.

When winter comes, you actually drop in on them, for their summer entrances are closed against the usually swirling snow and a sky-light entrance is used. It puts you down a home-made ladder into an outer passageway or cache, which, in turn, leads you into the igloo proper. You find yourself in a regular wooden house, made square or rectangular, of hand-planed drift-wood. It is made snug and free from drafts by closely sodding the exterior, leaving room for the usual skylight of sealgut, and a ventilator. Even on dark days there is a soft glare shed on every interior by this cleverly arranged window, and in a storm the snow frees itself instantly from its convex, shining surface.

Women's meetings are made a bi-monthly event where discussions on children, health, hygiene, and general subjects are held. Spring and summer seasons are short and bring much work for the mother, so we concentrate all our energy upon the winter season, in spite of the often severe weather. A tea party precedes the discussion and then it is "their meeting." There is always a report from the Native Council women. Oh, yes, we are represented by three women members in the Council, a body of natives elected annually, and composed of four men and three women. This report deals with the weekly inspection of each igloo, conditions found and suggestions offered; it has proved a wonderful stimulation toward proper sanitation.

Our last winter's program was of great interest to all. Simple lessons in Physiology and Anatomy were given,



A Skin Infection that Extended to Axillary and Abdominal Regions Before it Could be Checked. This Baby Was Brought 90 Miles for Treatment.

made up entirely of chart work, but laying particular stress upon points peculiar to their own growth and development. Dealing with untrained minds, the work progressed slowly, but reviews showed a gradual grasp of the subject in hand. It was intensely interesting work. This coming winter, our discussions will deal with Foods, Digestion, Proper Nutrition, and kindred subjects.

Our people "flaw whale" every year, in April and May, and while everyone whales or assists in the whaling, they treat it as a good sport and revel in the work it entails. This year there was a splendid harvest of fifteen whales captured and rich and abundant was the feast that marked the close of the season, the Nellikatat (similar to our Thanksgiving.)

Just one accident happened to mar

a perfect season. Turak Driggs had just picked up a shoulder gun to discharge into the body of a huge whale that had bobbed up alongside his camp at the edge of the ice. The gun had been improperly loaded; the barrel burst, sending a large piece of brass into his left thigh and several smaller pieces into the instep, carrying with them quantities of reindeer skin from the clothing he was wearing. Fortunately, most of the brass could be instantly picked out by hand and in spite of a long sled trip in, over a jagged ice trail, and several hours' delay before first aid could be administered, his recovery was rapid. He, by the way, is one of our "strong men."

Tuberculosis is our most prevalent disease. The lack of proper nutrition, the isolation and exposure, play a great part in assisting the dread scourge. The overcrowded conditions of the igloos, too, at holiday periods, aid in spreading disease. The preceding winter was a record-breaker in our village for sickness. Some of the cases that made it so were: 2 syphilitic ulcers, 1 tuberculous meningitis, resulting in death; 1 acute miliary tuberculosis, resulting in death; 1 hematemesis (possible ulcers), 2 organic heart disease, 2 infected hands, one resulting in phlegmonous inflammation, following trauma to palm; 5 active tuberculosis, one resulting in death; 1 premature birth, resulting in death; 6 infected fingers; 3 infected glands of the neck, one most extensive; 1 ascites, 1 gun shot wound, 15 skin infections of the face in children, one most extensive. 10 baby layettes were made, our mission supplies each infant with one; 12 medicine kits that go with families to trapping cabins or to reindeer camps were prepared.

This note was received a few days ago from the son of Mumonenia, the ascites case. It has its humorous side but its earnest sincerity is most appealing.

Dear Mrs. Thomas—I am dropping of few words to you about my mother. Since you came here my mother is feel better, those two medicine it helps her but The little while bills nearly all gone it had one left so she need more that little bills. but the drop medicine is quite enough yet. With best wishes to you all, I am faithfully, Peel Toyah.

INFLUENZA

Health officials have never yet succeeded in preventing or in stopping an epidemic of influenza. The avoidance of influenza or its consequences is a personal problem, up to each individual. Influenza is spread by secretions from the mouth and nose. As in other contagious diseases, there is good reason for believing that the secretions from the mouth and nose are dangerous, even before the person realizes that he is sick. Cleanliness with respect to secretions from the mouth and nose is very important, in the prevention of the spread of influenza as well as of similar diseases. The contagion of influenza may be spread by eating with hands contaminated by some other person's soiled hands or handkerchiefs. Imperfectly washed eating and drinking utensils may also spread influenza and other kindred diseases. If dishes in our homes are always washed in boiling water, we would be freer from colds and influenza.

Then, too, we should remember that something besides germs is usually needed to make us sick. Much depends upon our physical condition. Loss of sleep and getting tired makes us take influenza. It is also likely to lead to serious consequences when we get influenza. Doctors learned in the 1918 influenza epidemic that persons who went to bed and stayed there usually got well, while those who kept up and tried to fight their sickness were likely to develop pneumonia and die.

—*Monthly Bulletin*, Health Department,
City of Boston, February, 1925.

SURGICAL TREATMENT OF PULMONARY TUBERCULOSIS

By Helen Maxwell, R.N.

SURGICAL treatment of pulmonary tuberculosis has only come into common use in recent years. Its object is to put the diseased lung at physiological rest, to supplement, not to supplant, routine hygienic management. No patient who has had any form of surgical treatment can afford to forget that he still has tuberculosis and, therefore, requires rest, adequate food and freedom from worry or strain of any kind.

Artificial pneumothorax is the most commonly used form of surgical treatment at present. It is very successful in well selected cases and is used extensively by practically all specialists in the treatment of pulmonary tuberculosis. Cough and sputum are greatly reduced by this treatment, temperature and pulse become normal, appetite and strength return, and these patients are frequently soon able to return to a fairly normal life with safety. It is indicated in cases with unilateral involvement, or with slight or inactive disease in the better lung, if not doing well under routine sanatorium treatment. It is often an invaluable aid in pulmonary hemorrhage. Many hemorrhage cases with extensive bilateral involvement do surprisingly well when the more diseased lung has been compressed to control bleeding. It is contraindicated in cases with extensive adhesions or a fixed mediastinum and usually in extensive bilateral disease.

The treatment consists of introducing air into the pleural space. This air acts as a splint to the diseased lung, greatly limiting its motion and thus allowing its lesions to heal. The result of the treatment depends directly upon the degree of compression obtained. Compression is usually maintained for at least two years, often over a longer time, depending on the condition of the patient. The lung, when allowed to re-expand, usually resumes its function without difficulty. Occasionally there is difficulty on the re-expansion of the lung in its ability to completely assume its function, due to the formation of scar tissue and adhesions. Adhesions usually form, however, which prevent a resumption of this treatment.

A special apparatus is used for forcing the air into the pleural cavity, with a manometer for measuring the intra-pleural pressure and the amount of air given. The skin is prepared with iodine and alcohol and it, together with the underlying muscles and parietal pleura, is anesthetized with novocain. The needle is then inserted into the pleural space, the intra-pleural pressure taken, and the air forced into the space. The intra-pleural pressure is taken frequently, and the air is cut off when the pressure considered best for the individual has been reached. Treatments are given every four to six days for a few weeks, and the time between fillings is gradually lengthened to two to four weeks, depending upon the patient.

Artificial pneumothorax is not ordinarily followed by disagreeable symptoms. There may be some slight pain and a sensation of tightness is common.

Patients with adhesions sometimes complain of severe pain. Pleuropulmonary shock is the most serious accident following pneumothorax. It usually occurs at initial fillings and is thought to be due to injury to the visceral pleura, although some specialists consider it due to an air embolism. It is attended by convulsions and loss of consciousness. Death frequently results. Subcutaneous emphysema occasionally follows initial fillings but ordinarily clears up without treatment. A great many pneumothorax patients develop fluid at some time during the course of their treatment. This is usually sterile and is absorbed without trouble. When necessary to aspirate it, the space is refilled with air. Tuberculous empyema is a serious complication requiring expert management.

Extrapleural thoracoplasty is coming into fairly frequent use in this country at present. It is indicated in those cases in which artificial pneumothorax has been tried and has failed. The cases must be most carefully selected, ruling out all with more than a slight involvement of the other lung, and those with miliary tuberculosis, nephritis, or other serious systemic disease.

The operation consists of a posterior resection of three to six inches of each rib from the first or second to the tenth or eleventh. It is usually done under a local anesthetic not only because this is less irritating to the lung tissue but because a general anesthetic interferes with the necessary coughing out of sputum from the compressed cavities. It is done in one or two stages depending upon the operator's preference and the patient's condition. It is, of course, a most severe operation followed by shock, respiratory difficulty and cardiac embarrassment. It may be complicated by aspiration pneumonia, activation or aggravation of disease in the contralateral lung, cardiac failure, pulmonary hemorrhage, nephritis and amyloid visceral disease. Careful nursing is a large factor in its success.

Resection of the phrenic nerve in the neck is being advocated by some specialists, both alone and in connection with pneumothorax or with thoracoplasty, since it still further limits the lung motion by paralyzing the diaphragm on the operated side. It is indicated in acute types of cases with considerable activity in the better lung, where either of the other operations is contraindicated, also in cases in which pneumothorax has failed and in which the condition of the patient is so poor as to rule out thoracoplasty. It may be very useful in cases in which there are no contraindications for pneumothorax or thoracoplasty, but where both patient and physician dread the long period of treatment necessary in the former and the dangers of the latter. It is being recommended for use in early unilateral tuberculosis in addition to the usual hygienic management, as offering a good chance for an early and permanent arrestment to many patients not making progress under the customary treatment. It is contraindicated in cases in which the lower or middle lobes are bound by adhesions. It is a simple operation, done in a few minutes under local anesthesia, and leaving only a small scar.

Artificial pneumothorax is very successful in enabling many patients to return safely to their work at a time when, without it, they would only relapse and soon be back at the sanatorium. While

extrapleural thoracoplasty is not so successful, it is usually done at present on far advanced patients only, with whom all other measures have failed. If it does nothing but render a large portion of these patients sputum free, it is doing a great service to public health. Many apparently hopeless cases are restored by it to a fair degree of health. Phrenicotomy has not yet had sufficient study or trial to prove its merits or disadvantages, since little was done with it before 1921.

The financial question is one of the largest in the treatment of the individual tuberculous patient, since it limits the time of treatment and forces many back into industry before their arrestment is even reasonably complete. Safe disposal of sputum possibly constitutes the greatest problem in the wider control of the spread of this disease. Any form of treatment, therefore, which assists in restoring these patients to a measure of economic usefulness, even though it does not cure, or which reduces the amount of infectious sputum, is very important.

ETHYLENE GAS[1]

By Ollie McIntosh, R.N.

MY experience with ethylene oxygen anesthesia has been with all types of cases. My patients were from three to sixty-five years of age; colors, —white, black, dark brown and yellow; all sexes and physical conditions. My course in throat work was at the Tuberculosis Sanitarium in Chicago on Mondays and Thursdays. On Tuesdays and Fridays, I was at the Salvation Army Hospital to give ethylene gas in dentistry,—where I was anesthetist for Dr. Charles H. Dodge. On Wednesdays and Saturdays, I had abdominal and other cases at the Illinois Masonic Hospital.

Ethylene oxygen anesthesia, as we all know, was discovered by Doctors Luckhardt and Carter in March, 1923, at the University of Chicago, Ill. After fifteen years of experimental work which started in 1908, it was noted that flowers when placed in greenhouses would "go to sleep" and buds and petals failed to open. In August, 1922, Doctors Luckhardt and Carter finished the work on the physiologic properties of ethylene gas on frogs, white mice, white rats, guinea pigs, rabbits and dogs. Doctors Luckhardt and Carter also tried ethylene gas on themselves, and Doctor Luckhardt has a dog which has been put to sleep every morning by ethylene gas since August, 1922, and its heart is the same as on the first day it was given.

On April 27, 1923, Doctors Luckhardt and Carter reported the first 106 cases in which operations were performed under ethylene gas at the Presbyterian Hospital, Chicago. In the article dealing with ethylene as a gas anesthetic, we enumerated the various types of operations that had been performed under ethylene. It is sufficient to say that the gas has been used in almost every type of surgical procedure

[1] Read at meeting of Mississippi State Association of Graduate Nurses, Hattiesburg, Mississippi, October, 1924.

in which a general anesthetic was indicated. Ethylene is described as a "colorless gas having a sweetish smell."

The approaching signs of anesthesia are quite different from those of nitrous oxid oxygen. For example, there is an almost complete absence of the excitement period even in the muscular type of patient. Pupillary reaction either of dilation or contraction is seldom noted. The eyeball may roll, but it generally becomes fixed in the usual anesthetic position when complete anesthesia is established. One should remember that cyanosis of the skin means cyanosis of other body tissues. Cyanosis therefore is quite generally associated with all the undesirable effects of asphyxiation,—notably, rigidity, muscular activity (accessory respiratory movements), increased blood pressure and profuse perspiration. It would appear, therefore, that the ethylene oxygen mixture produces anesthesia without any of these undesirable complications because of the abundant oxygenation of the tissues at all stages of the anesthesia, coupled with the anesthetic effect of the gas.

Ethylene oxygen anesthetic need never be pushed, when properly administered, to the point of cyanosis in order to obtain analgesia or anesthesia with complete muscular relaxation. Ethylene oxygen is a smoother and more powerful anesthetic agent than nitrous oxid oxygen. Ethylene oxygen is more rapid in its action than nitrous oxid oxygen. It has no effect upon the heart action, produces no cardiac complications, and in this respect it is claimed it is far superior to ether and chloroform, which always endanger the heart.

Where the time was actually noted, our experience confirms the report of Doctors Luckhardt and Carter that anesthesia by ethylene oxygen may be produced in considerably less time than for the same degree of anesthesia under nitrous oxid oxygen. The length of the induction period varies slightly with individual types. The phlegmatic or calm types sometimes show signs of anesthesia within thirty seconds,—in fact, just three or four inhalations are frequently sufficient to produce deep analgesia. The nervous, high strung patient may require sixty to seventy seconds to secure the same degree of analgesia. A usual test of the sluggish eyelids together with the relaxation of the muscles of the body is evidence of anesthesia with all types of patients.

A marked analgesia period is noticed as early as twenty seconds in some patients. We have not observed pharyngeal reflexes or swallowing in this period. It seems that the patient exhibits a sense of quiet and well being. With the exception of a very few cases, there has been no sign of struggling or resistance after the anesthetic was commenced. Loss of consciousness is prompt. As in all types of anesthesia, respiration is our most important sign. A smooth, regular respiration of good volume and depth means good anesthesia. Apparently in ethylene oxygen there is not the stimulated, labored respiration frequently observed under nitrous oxid oxygen. It is more like the normal respiration seen in natural sleep. A slowing shallow respiration means too deep an anesthesia. This is corrected by reducing the flow of ethylene or by temporarily increasing the oxygen.

Blood pressure observations and records of the blood pressure before induction of the anesthetic during operative period and recovery period were made in a few of the clinical cases. There appeared a slight depression of blood pressure in rather deeply anesthetized patients, but no change in lighter anesthesias. Certainly the number of tests in the clinic do not warrant definite statement relative to variations in blood pressure.

Usually the skin is pinkish in color during the anesthetic period. This brightening effect may be due to the dilation of the minute capillaries or, as has been suggested, it may mean ethylenated blood, a weak combination of an ethylene with hemoglobin. The pink coloration of the skin usually remains during the anesthesia and for a short time after recovery. In some patients an exhilaration at recovery is apparent, but never, so far, have we had an extreme case of exhilaration, forced or violent muscular movements.

With the usual type or favorable type of patient there is an absence of perspiration on face or forehead, the skin is dry and warm. With the muscular and anemic types, sweating has been noticed. The glands of the mouth are not stimulated excessively according to my observations.

With ethylene oxygen, there is a very narrow margin between anesthesia and consciousness. Patients pass rapidly from the anesthetic to the waking stage. Several patients have answered rationally in less than one minute after removal of the inhaling mask. A brief period may elapse before the patient regains complete muscular control. They appear weak and rather limp, unsteady of gait, as before stated, and usually need a short period of rest. Possibly the delay of muscular control beyond the conscious period is an advantage in eliminating a post-anesthetic excitement period.

Nausea: In the last thirty clinical cases, there were two occurrences of vomiting,—both during the recovery period. The first case was that of a child of five years. It was evident the patient had eaten rather heartily not long before the anesthetic was administered. There has been no case reported of subsequent vomiting or retching. No after sickness has been reported in the clinical cases after the patient was dismissed.

Disadvantages: Ethylene has not a pleasant odor. No patient complained of the pungency or odor.

Ethylene is inflammable. As noted above, it is stated that ethylene mixed with air or oxygen, in certain definite proportions, is highly explosive. Authorities assert it is not quite as inflammable as ether vapor. No open flame or any source of electrical discharge should be permitted or used near ethylene. The operating room should always be well ventilated during administration. This point should be constantly remembered. Freezing machines are more easily frosted in the use of ethylene and oxygen than with nitrous oxid and oxygen. This is due no doubt to the high water content of gas in its manufacture. Ethylene is highly combustible, therefore, electrical heaters or alcohol heaters should not be attached. If necessary, hot water bottles or hot wet towels may be placed on the tank head and regulators during administrations.

Advantages: First, the ease of induction and the narrow margin from the anesthetic to the awaking stage; the quick recovery. Second, the wide margin of safety because of the high percentage of oxygen possible in the anesthetic mixture. As the anesthetic is continued beyond the induction period, oxygen may be increased to 15 or 20 per cent., or more. Twenty per cent. equals the amount of oxygen in the air. Under the usual conditions of anesthesia there is always enough oxygen in the mixture for the thorough oxygenation of the blood and tissue. Third, musculature relaxation is quickly and surely secured without cyanosis. Fourth, absence of respiratory irritation. Fifth, absence of the marked excitement period during induction. Sixth, absence of excessive sweating, avoiding dangers from quick cooling after recovery. Seventh, ease of maintenance of anesthesia. Eighth, absence of post anesthetic excitement period. Ninth, low percentage of nausea. Tenth, absence of post-operative disturbances, such as loss of appetite, headache, sleeplessness,—patients wake up calling for something to eat. Ethylene gives the patient (and the anesthetist also) a very good appetite.

The objections to ethylene for the anesthetists are: Odor, inflammability, and a tendency to freeze. There are no objections for the patients. Nitrous oxid oxygen for the patients has four objections,—blueness, lack of relaxation, increased blood pressure and expense. Ether has no objections for the anesthetist, but six objections for the patients, — odor, induction, nausea, ether pneumonia, gas pains after operation, kidney and bladder trouble. Ether increases the blood pressure. Oxygen is of great value in lobar pneumonia. Not only does it relieve cyanosis, but the patient rests more quietly, coughs less and actually falls asleep.

HOW THE NURSE CAN GROW IN SERVICE[1]

By Norma Selbert, R.N.

THE factors which enter into the process we call growth can be classified as: (1) Proper mental attitude; (2) physical fitness; (3) sound professional training; (4) adequate compensation; (5) professional and social contacts to encourage varied interests and maintain superior standards.

To promote the proper mental attitude:—foster a constructive attitude towards life; have conditions in the home to encourage rest and cheerfulness; and arrange affairs in the office to comply with ideals of service. Schedules which encourage regularity in work and rest usually promote maximum efficiency.

If drudgery absorbs all of one's effort, then life itself becomes drudgery. Ask yourself what is worth while, and then adjust your affairs to enable you to enjoy all of life's activities. Our health habits should not stop at the avoidance of illness; our home life should not only afford food, raiment and shelter; we

[1]Part of an address given before the Public Health Section of the Ohio Graduate Nurses' Association, Cincinnati, Ohio, October 30, 1924.

should aim in arranging for a balanced life to have exuberant spirits and exultant health.

Cynicism does not create; it usually warps; cynics are often insensitive to the interests of others, and they frequently base their conclusions on a specific case or a few instances. We differ in talents and capacities, therefore the means for our development must vary but the end should be socialization. Knowing is appreciating. Life is its own excuse for being, and we usually get out of life what we put into it. The mental attitude which promotes maximum growth includes the willingness to share with others and the willingness to enter into the lives of others. Our inheritances are unequal and they limit us; yet much can be gained by nurture and much lost for the lack of it. We can influence the development of our inherited moods by appropriate training and deliberate actions.

Sound physical development will permit the individual to participate with maximum efficiency and with maximum variability in all types of opportunities. A program for physical development includes: (1) A thorough examination each year; (2) Correction of defects; (3) Prevention of defects, knowledge of one's strong and weak physical assets should be used constructively; (4) Habits which result in good health, as: adequate sleep and rest; sufficient food in proper balance and correct eating habits; proper elimination; correct posture; fresh air and sunshine; daily exercise for unused parts, and play.

Much unhappiness and physical impairment come from the fact that people assume responsibilities without adequate preparation to do so.

Sound professional preparation for public health nursing includes: (1) training in the care of bed patients in a superior general hospital; (2) a postgraduate course including both classwork and field work in public health nursing, social service, preventive medicine, and the principles of teaching; (3) the ability to speak to audiences; (4) the ability to run an automobile.

The minimal salary should enable the nurse to save money after paying her monthly expenses. The training of the worker and the cost of living should be considered when arranging the salary. The amount of financial pay should increase automatically with the length of service when the quality of service is superior. "The laborer is worthy of his hire," and the nurse should be saved from the humiliation of having to beg for a larger salary while her output is increasingly valuable to the community.

Adequate compensation includes more than money. The ability to improve from the constructive criticisms of a supervisor, the assurance of an annual vacation with pay, and the eligibility for a leave of absence are items which encourage growth in service, and they should be valued when rating the yearly income. The richest life is the life which brings into the range of everyone the type of life everyone wants to live.

Professional contacts which may help the nurse in service include: district, state and national meetings in the field of nursing and those meetings of allied groups, viz.: doctors, social workers, nutritionists and educators.

Aim to introduce the scientific method into every day's routine, but do not forget that growth is measured in social

terms. Life is more than doing. Growing is not merely the ability to do; it is enlarging our horizons. The state organizations should enlarge the visions of county and district workers;—the national organizations should bring a synoptic view.

The value of the group depends upon the richness of the content of the group and also upon the interchange between groups. If nurses spend all of their energy in tending the sick and preventing disease, they will soon find themselves unable to enrich their group; and then their group cannot contribute to the groups outside the immediate field of nursing.

Growth begins with ourselves; then it spreads to those who are close to us. We grow in proportion to our ability to understand our environment. For maximum growth we must break down the barriers which confine us to our immediate group. "Cultivate not only the cornfields, but the flower gardens also."

OUR CONTRIBUTORS

Mrs. Genevieve M. Clifford, R.N., the very capable and versatile Superintendent of the Ithaca City Hospital, Ithaca, N. Y., is a graduate of the Syracuse Memorial Hospital School of Nursing, Syracuse, N. Y.

Mrs. Vivian A. Kothe is Manager of the Los Angeles Club House.

Hilton S. Read, M.D., is Assistant Chief Resident Physician of the Philadelphia General Hospital.

Adda Eldredge, R.N., who is serving her second term as President of the American Nurses' Association, is Director of the Bureau of Nursing Education, State Board of Health, Wisconsin. (See Who's Who, July, 1921.)

Calvina MacDonald, R.N., has been Superintendent of the Cleveland Maternity Hospital, which is one of the Western Reserve University group, for a number of years. Her work, which is conspicuously successful and animated by deep feeling for maternity patients, rests on a sound foundation as she was a teacher before entering the nursing profession and is a graduate of Boston City Hospital Training School and is a postgraduate of the Boston Lying-in.

"Concerning the Army Nurse Corps" was written especially for the *Journal by* **Major Julia C. Stimson,** Superintendent of the Corps. (See Who's Who for October, 1924.)

Winifred Bell Kelley, R.N., is assistant director of the School of Nursing of Children's Mercy Hospital, Kansas City, Missouri, of which she is a graduate. She has had postgraduate work in the Boston Floating Hospital.

Mrs. Ruth Ward Thomas, R.N., is too far away to furnish details regarding her education and experience as a nurse, in time for publication. Her article, however, speaks for itself.

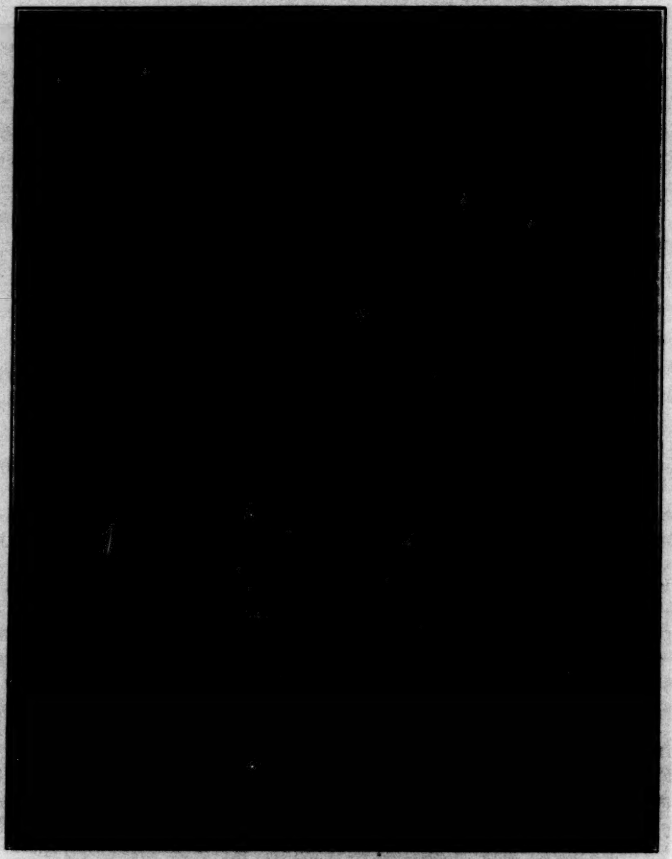
Helen Maxwell, R.N., is a graduate of the Camden Hospital, Camden, N. J.

Ollie McIntosh, R.N., is not only a registered nurse but is also a registered anesthetist (Mississippi and Louisiana). In addition to the experience outlined in her paper, she has had a postgraduate course in anesthesia at Charity Hospital, New Orleans.

Mrs. Norma Selbert, B.S., R.N., is Assistant Professor of Public Health, Ohio State University. Mrs. Selbert is a graduate of the School of Nursing of Christ Hospital, Cincinnati, O., and has completed courses at Teachers College, Columbia, and at Ohio State University.

The editorial "The Recurring Romance of a New Life" is but another expression of the true spirit of nursing as exemplified in maternity work. It was written for the *Journal* by **Carolyn Conant Van Blarcom,** author of "Obstetrical Nursing."

WHO'S WHO IN THE NURSING WORLD



XLV. EMILY LEMOINE LOVERIDGE

BIRTHPLACE: Hammondsport, N. Y. PARENTAGE: American. PRELIMINARY EDUCATION: Norwich High School, New York. PROFESSIONAL EDUCATION: Bellevue Hospital, New York, class of 1889. POSITIONS HELD: Superintendent of Nurses, Good Samaritan Hospital, Portland, Oregon, 1890-1905; Superintendent Good Samaritan Hospital, Portland, Oregon, 1905, to the present time. Miss Loveridge took the position at the Good Samaritan Hospital after two short private cases. She has seen the School of Nursing grow from six students to 130.

EDITORIALS

National League To Meet in Minneapolis

MINNEOSTA nurses have a well-established reputation for "pep" and enthusiasm. Advance information on plans being made by nurses of the Twin Cities, Minneapolis and St. Paul, for the meeting of the National League of Nursing Education, May 25-30, indicate that they are about to establish a reputation as hostesses that will rouse enthusiasm in the hearts of their guests.

The growing emphasis on university schools and on central schools makes Minneapolis a most logical place for a League convention. In this city, at the University of Minnesota, was established the first University school for undergraduate instruction in nursing, a school that has pointed the way and given courage for much later effort. This, too, is the school which, courageously and generously, submerged its own identity in 1923 in order to participate in the organization of the first true Central School of Nursing. Brilliant achievements these, with which the shining names of Louise M. Powell and Dr. Richard Olding Beard will forever be associated. Minnesota has yet another unique attraction, for only a few hours' journey from the Twin Cities lies Rochester, that famous medical center and Mecca for the afflicted of all the world, built up through the genius of Drs. William and Charles Mayo. Opportunity to visit the clinics, hospitals and nursing schools that make up such a large part of this medical city will be provided immediately following the convention.

These attractions and the plans of the arrangements and program committees which include a complimentary concert by the Minneapolis Symphony Orchestra warrant a large attendance. Are *you* going?

"The Recurring Romance of a New Life"

SUCH is Sir Arthur Newsholme's idea of birth and it fires our fancy like a flaming, leaping torch of inspiration. There are many nurses in the United States today who see maternity service in just that light—as participation in a miracle of breath-taking beauty; as contact with a mystery that has inspired awe and reverence since the beginning of time. We have come to believe that the spiritual response these nurses make to this recurring miracle of a new life is written on their faces. They have that indefinable dignity born of contact with great and important events. And in their eyes is the light of contentment from finding real enduring happiness in their work, for theirs is the twofold privilege of satisfying some of their own deep needs while giving service to others.

To the young nurse, the nurse in training perhaps, maternity service is often associated with long hours, mopping up operating room floors, and is on the whole a dismally hard experience rather than a soul satisfying adventure. But if she watches those who have found the heart of this service she will see the light in their eyes of which we speak because for them the alleged drudgery is more than compensated for by the

intense satisfaction of the work as a whole. We wish that every young nurse might go into a sculptor's studio, and see the disorder, the clay, the tools, the hard and prolonged labor that enter into the creation of sculptured beauty. The artist himself sees always over and beyond what appear as unlovely essentials and is aware only of the ideal he is struggling to achieve!

Every aspect of nursing is fine and the true woman is made finer for engaging in it. But in our heart of hearts we believe that for very many nurses, particularly those with imagination and with poetry in their souls, there is no branch of nursing that is as completely satisfying, as enriching and broadening, as the care of mothers and babies. As obstetrical work advances and more and more is learned about preserving the life, health and reason of maternity patients, the scope of maternity nursing grows broader and broader. There is not one attribute of a resourceful, well trained nurse, who is also a cultured, spiritual minded woman, that is not needed in maternity nursing. Her kindness, her intuition, her eagerness for service—all are needed endlessly, by the bewildered, apprehensive, e x p e c t a n t mother, by the terrified woman in labor or by the young mother who is radiant and discouraged by turns. At one or all of these periods the patient will be in sore need of what the nurse carries in her heart and hands! As for the baby and his care! That is sheer joy! Joy that cannot be described!

From lack of this service that so richly repays the giver, many mothers and babies are dying needlessly or are suffering permanent injury, almost at our very doors, for the pathetic appeal of these patients has not been as widely heeded by nurses in this country as it has in other lands. But our faith in the inherent compassion of nurses makes us believe that many mothers and babies lack care because nurses in general do not realize the need for this service, and because they do not realize the increasing satisfaction that comes to the woman herself who engages in one form or another of maternity nursing.

And so, to the nurses now on the threshold of their careers we would urge that they pause and think seriously of what maternity nursing may perhaps mean to them. That they watch and talk with those older nurses whose eyes are tender and bright from their constant association with the "recurring romance of a new life."

Awareness and Headnurseships

"IT is an awareness that is needed," said the possessor of one of the keenest minds that has yet illumined the profession, in discussing the difficulty of securing head nurses. "The young graduate is unaware of the possibilities inherent in headnurseships and, what is worse, the directors of some schools are unaware of the potentialities of many of their graduates. It is to weep when you have these positions of genuine importance to fill and some of them go begging or are filled inadequately."

The problem is not new. The form only of the statement is arresting. Where lies the fault, if fault it be, for this lack of awareness? Probably it goes back to human nature itself, for most people have a pronounced distaste for real thinking. It requires little effort to direct the young woman with

initiative, energy, education, and obvious administrative ability. It is quite another matter to stand by and patiently develop the less showily gifted, for although a given class may not have indicated extraordinary ability, there are usually some members of any class capable of rising to varying heights above the level if given a chance. But there's the rub! The home school does not want them or they do not care to remain on and they are not given the opportunity that new contacts might present lest they fail to make good and the parent school be criticized.

There are other sides to the picture. For example, there is the type of institution which, knowing that young women should feel honored at being retained, deliberately keeps salaries low. False economy this, for the individuals who will remain on such terms are likely to be those without the initiative or the courage to go out and face new situations. Such institutions run the risk of retaining only the Babbitts. Yet another side is the much discussed distaste of present-day youth for responsibility. To which we say Bah! Youth is as ready as ever to accept responsibility if adequately rewarded. But that reward must be something quite definite, something that can be translated in terms of its own generation, and it has as much to do with prestige and opportunity for development as it has with more definite goods, such as financial reward.

There is something seriously wrong when three important schools within a short space of time admit that they cannot secure the type of head nurses they need. If it is a lack of awareness on the part of directors of schools who are unwilling to urge their young graduates with good educational backgrounds to accept such positions or even to pass along their credentials, it is time they awaken. If it is a lack of awareness of opportunity on the part of young nurses, the fact must be faced that modern youth refuses to be submerged, positions must be made attractive and greater efforts must be put forth to awaken in them wise ambition, the desire which shall become "the tree of life," by offering real reward in opportunities for self-development or what Dr. Kilpatrick calls self-identifying service.

Anonymous Letters

AN anonymous communication is a cowardly thing! This is true even though its purpose be wholly ethical and in no sense unpleasant or vicious. The *Journal* rarely receives letters of the latter class but it does receive a fair number without signatures. For example, we fail to understand the mental twist back of the unsigned request for perfectly legitimate information, or one conveying information intended to right a wrong. Those containing criticism are more nearly understandable, but the criticism loses any worth it may have had because we cannot respect the person who hides behind anonymity. We have said many times and shall probably have to repeat it, at intervals, so long as the *Journal* exists; all anonymous communications regardless of their tenor meet the same fate—the ignominy of the waste paper basket.

Educational Facilities for Colored Nurses

THE Hospital Library and Service Bureau of the American Conference on Hospital Service has recently completed an exceedingly valuable

although informal study of the Educational Facilities for Colored Nurses. Included in the study are data on the utilization of colored nurses in hospitals, private duty, and in public health nursing. Copies of the study have been generously placed at the Headquarters offices of the three national nursing organizations.

The pioneer study in any field is difficult. These important data have been made available only by the good will of many persons. Says Miss Hamlin, Director of the Bureau, "I cannot speak too highly of the coöperation of the schools of nursing. Replies were received from ninety-nine and one-half per cent. of them."

The study shows that colored students are accepted by fifty-four accredited schools and by twenty-one which are non-accredited. Colored graduate nurses are used in sixty-six hospitals, by fifty-nine departments of health, and by nineteen visiting nurse associations, while thirty-three departments of health report colored nurses doing private duty. The information on the latter point is admittedly meager.

An insufficient supply of colored nurses was reported by twenty-four health departments. The effort to determine the quality of the service rendered by colored nurses was not particularly helpful. The report states that "without attempting to interpret the replies received, it is only fair to state that the general trend of letters and conversation indicated that where dissatisfaction was expressed it was in most cases due to the employment of practical nurses or inadequately trained graduate nurses!" and thus an old, old story repeats itself.

Announcement of this study gives opportunity for an overdue acknowledgement of the efficient conduct of the Hospital Library and Service Bureau and of the cordially coöperative spirit that animates its service.

Changes at Bellevue

CURRENTS and cross-currents affecting a great school cannot fail to have an influence on the profession as a whole. It was, therefore, a genuine satisfaction to announce some weeks ago that the action terminating the contract of the Board of Managers of the Bellevue Training School for Nurses had resulted in the reorganization of the Board under a new and sounder plan. This is the result of coöperative effort of the highest type and has happily resulted in making what is henceforth to be known as the Board of Managers of the Schools of Nursing of Bellevue and Allied Hospitals an integral part of the hospital administration.

In their own efforts for professional advancement, nurses sometimes forget to acknowledge the great debt of the profession to the many lay women who give so unstintedly of their time and their intelligence to arduous effort on boards and committees. We do well to remember that this is the school which owes its inception to the vision of Louisa Lee Schuyler, whose enthusiasm inspired that group of women who, under the wise generalship of Mrs. William H. Osborn, constituted the first Board which was organized in 1872 and which launched the school one year later. That the Board is intact and functioning today is due to its unanimity in following the statesmanlike leadership

of Mrs. William Church Osborn. The new relationship paves the way for frequent conferences, for coöperative planning, for closer contacts in many ways with the hospital administration than has seemed possible with two separate though coöperative organizations.

The scope of the responsibility of this Board can best be visualized in figures. Under its jurisdiction, three schools of nursing will graduate classes in April; that of Bellevue of course being the largest. The Harlem School which Katharine De Long has done so much to develop during her administration, will graduate its first class of thirty-six negro nurses, and the Mills School for Men will graduate a class. There is good hope, too, for the establishment of schools at Fordham and Gouverneur Hospitals and so the service of this devoted body of women grows.

When the Commencements are over, Miss De Long, whose resignation as Director of the Schools has been accepted, will sail for Europe for a much-needed rest. She will be succeeded by Marion E. Rottman, one of Bellevue's distinguished younger graduates, who is well fitted by temperament and training to carry on a fine tradition and to give it added lustre.

A Correction

The College of Surgeons does not grade hospitals A., B., etc., as was implied in an editorial in our March issue and as is popularly believed. The classification is as follows: (1) Fully approved; (2) Provisionally approved; (3) Not approved.

NEW KNOWLEDGE

Most of our troubles are not due to lack of intelligence or even to physical defects; they are due to emotional instabilities, to nervousness, to "moods," to habitual states of depression and pessimism or to the opposite states of undue optimism and exaltation; they are due to maladjustments, to prejudices and prepossessions, to fixed ideas and affectations, such as day-dreaming and mooning, carried over into adolescent or adult life, to refusal to recognize reality and to conform to what reality demands. And the great majority of these troubles are not God-made, but are man-made—made by the people who surround us, by our families, by the groups in which we live, by ourselves. Just as we once believed that consumption was hereditary, but now know that its origin is from some infection, so we formerly thought that mental and nervous troubles were inherited, but now know that most of them are social in their origin, have been acquired through social contacts, through failures in adjustment, or are the results of unsolved mental conflicts, bad mental habits and imitations of wrong mental patterns. This knowledge is one of the great saving discoveries of modern research, and is pregnant with more genuine hope for humanity than almost anything that the triumphs of industry have offered. It is a hope for every-day salvation. Human mental happiness, like human physical happiness, is in large measure possible.

From an address by T. J. McCormack, given before the National Education Association, Washington, D. C., July 3, 1924. Published in *School and Society*, Vol. XXI, No. 523, January 3, 1925.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

CONFERENCE ON THE GRADING OF NURSING SCHOOLS[1]

PRESENT: Elizabeth Burgess, Laura Logan and Isabel M. Stewart representing the National League of Nursing Education, and Blanche Pfefferkorn, executive secretary of the League; Julia Stimson and Shirley Titus representing the American Nurses' Association; Elizabeth Fox, Katharine Tucker and Gertrude Hodgman representing the National Organization for Public Health Nursing; Anne Stevens and Mary Roberts representing the American Red Cross; Dr. William Darrach, Dr. Winford Smith and Dr. N. P. Colwell representing the American Medical Association; Dr. Malcolm T. MacEachern and Dr. George Gray Ward representing the American College of Surgeons; Dr. S. S. Goldwater representing the American Hospital Association; Dr. Samuel P. Capen, Chancellor of the University of Buffalo, and Dr. William John Gies of the Carnegie Foundation, representing the general field of education.

After a luncheon at the Town Hall Club, the meeting was called to order by Dr. Darrach, the chairman. In stating briefly the object of the conference, he emphasized the coöperative nature of the effort and the fact that, after much discussion and many surveys and reports, it seemed to be the time for some definite action.

Miss Stewart was first called upon to present the history of the grading movement in relation to nursing schools.

This history has been so recently reviewed in the *Journal* that it will not be necessary to repeat it here. Miss Stewart presented a financial statement showing that approximately $10,000 out of the total estimated cost of $115,000 had been raised by the nurses' associations with the very generous donation from Mrs. Bolton of $15,000. With this in hand, it was felt that there should be no further delay in getting the work organized.

The National League of Nursing Education felt that it had a very special stake in the whole enterprise, but it recognized the other interests involved and was ready to join on equal terms with the organizations present in working out standards and classifying nursing schools on the basis of those standards. It pledged its fullest faith and good will to this coöperative effort.

Miss Burgess, another member of the Grading Committee of the National League of Nursing Education, then suggested some of the questions which had been under discussion by the committee and on which some decision would have to be reached before the committee could proceed with the grading plan. These questions were mainly concerned with the organization of the Joint Committee, the qualifications of the director and inspectors, the matter of publicity, the system of grading to be adopted, the method of securing data, the points to be covered in the survey of a school, and the possibility of coöperation with other bodies, particularly the boards of nurse examiners in the

[1] Held in New York City, March 4, 1925.

different states. Definite recommendations were made on most of these points for the purpose of providing a basis for discussion. Since this discussion is given later in some detail, it will not be necessary to outline the recommendations in full.

Dr. Goldwater renewed the promise of interest and coöperation from the American Hospital Association. He thought the problem of grading nursing schools was rather different from the grading of medical schools because of the different types of institutions involved and the different kinds of workers needed. The needs of the public health nurse, for instance, should not determine the standard for the training of the bedside nurse. A University School that might be graded A for the training of public health nurses, might be graded B for the training of clinical nurses. He suggested a vertical as well as a horizontal classification, and felt that postgraduate courses should certainly be included as well as undergraduate courses. He thought it would be well to have the whole plan worked out by the Joint Committee and then submitted for approval to the separate organizations.

Miss Stimson spoke for the American Nurses' Association which numbers approximately 50,000 nurses. The loyalty of these nurses to their parent schools makes them particularly keen to help in any movement which will enable those schools to secure a better standing. Already several alumnae associations have volunteered contributions for the grading plan even though no general appeal for funds has gone out.

In the absence of Miss Noyes, Miss Fox spoke for the American Red Cross, which employs on its regular service nearly 2,000 nurses, and has as well 41,000 nurses enrolled as a reserve for the army and navy. Because of the high standard of qualifications required and the need of fuller information about the schools from which these nurses come, any measure looking toward the stabilization of the nursing profession and the classification of schools, would be heartily endorsed by the Red Cross.

Dr. MacEachern, representing the American College of Surgeons, welcomed the movement, not only because of its value to nursing schools, but because it would help to round out the work now being done in the standardization of hospitals. He felt that the actual grading of schools or hospitals was much less important than the educational results and the actual service that could be given to the institutions concerned. If it can be shown that the work is for the good of the patient and the hospital, as well as for the good of the nurse, it would succeed. He would be glad to put his own experience and some of the material which he had in hand at the disposal of the Joint Committee.

Miss Tucker, speaking for the National Organization for Public Health Nursing, made the point that although the members of her organization were interested in postgraduate courses to prepare especially for the field of public health nursing, they were much more interested in securing a good fundamental education for the nurse as a nurse. If this basis is not sound, it is impossible to make a good public health nurse. They could not see any real line of demarcation between the general nurse and the public health nurse, and they

felt strongly that what they were asking of the nursing schools in the way of fundamental education for public health nurses, should be available for all nurses. The whole organization was, therefore, behind the movement for strengthening the fundamental education of nurses.

Miss Stimson was asked to say a word for the Army Nurse Corps. The situation in the army was similar, she felt, to that in the Red Cross, in that they recruit large numbers of nurses from all parts of the country and find wide differences in their fundamental education. Anything that would help to remedy this condition would be a vast improvement to the Corps.

She emphasized again the fact that grading is not the important thing but the stimulation to schools to improve their standards. The Army School of Nursing, she felt, was doing good work, but as soon as the grading plan was suggested, the staff began to think at once of certain things that must be improved. Federal institutions would be just as keen as private institutions to meet the approved standards.

Dr. Colwell, secretary of the Council on Medical Education of the American Medical Association, spoke briefly on his experience in the grading of medical schools. No difficulty was ever found with the medical school that was working conscientiously; the opposition comes from the commercial and poor schools. Every assistance should be given to the school struggling to bring itself up to standard. He was inclined to agree with Dr. Goldwater that the problem of grading nursing schools was a different kind of a problem since there had to be a minimum below which no school could be called a medical school.

Dr. Smith felt that the first thing to be decided was the purpose of the movement. Was it to improve nursing education, to try and help hospitals, to weed out undesirable schools, or to build up and strengthen nursing schools? He agreed with Dr. Goldwater that there were wide differences in point of view and that it is necessary to have a frank expression of opinion. If nothing else could be accomplished, this would itself be a big achievement.

Miss Stewart explained that the Committee of the League has no idea of setting up the university school as a standard, but rather the good solid school with which we are all familiar and which is found in almost every city. It was not a question of size either, as there are some small schools doing excellent work and some large schools doing poor work.

Chancellor Capen was asked to discuss the question from the standpoint of the educator. He thought from what he knew of nursing that it is a profession ready for some kind of standardization. He believed that this should be carried out by the interests directly concerned and not by an outside organization. If any system of classification is imposed from without it is almost foredoomed to fail. Dr. Capen was afraid of too much formalism in any classifying plan. He would make the standards simple and back them up by inspections. It is exceedingly difficult to get competent inspectors, but if you have reliable people, it is better to give them a good deal of freedom in interpreting standards than to formulate in minute detail a number of points that soon become stereotyped. Institutions will

beat you on technicalities; even colleges will get around all your formal standards without remedying fundamental defects. In regard to the purpose of grading, he felt from the discussion that there is danger of going at the thing from the wrong end. You should, if possible, define the function of the *profession* before you define the functions of the *school*. That is a complicated and expensive job, but it is being done in many professions. If you know first what you are trying to produce, it is possible to set up measurements of achievement which are not wholly formal book measurements. Dr. Capen felt that there would be no difficulty in getting support for such a proposition as this, since it is in line with what is being done in many other branches of education.

Dr. Gies, who is at present engaged in the classifying of dental schools, was asked to speak as a representative of the Carnegie Foundation. He referred to the changes which have taken place in the methods of classifying schools since the medical schools began their work. There is a more liberal attitude developing and criteria are now applied broadly and sympathetically rather than narrowly and arbitrarily. The fact that he is not a dentist and is not acquainted with the controversial issues in dental education, is an advantage, he felt, especially where emotions are likely to be involved.

He assured the group of the Foundation's interest in the problem of grading nursing schools. Nursing is one of the great branches of health service, and he felt that such a proceeding would be in the interest of the public service and medical service.

The meeting was then thrown open for general discussion.

The first decision reached was that the project for classifying nursing schools should be undertaken as soon as possible. The next question was about the make-up of the Joint Committee. After some discussion it was decided to have one fairly large general committee representing all the associations present and including representation from the American Public Health Association, the general educational field, and the general public. From this committee, sub-committees could be appointed for the preparation of standards, the actual grading of schools, finance, publicity, or any other special piece of work.

On motion of Dr. Goldwater it was decided that two representatives should be appointed from each of the three nursing associations (omitting the Red Cross which feels that it is already represented in the American Nurses' Association), and that one representative each be appointed from the American Medical Association, the American College of Surgeons, the American Hospital Association, and the American Public Health Association, these associations to name a delegate and an alternate so that they would always have representation on the committee. The Joint Committee as constituted would then appoint such representatives as it wishes from the general field of education and from the public.

It was the general sense of the meeting that these representatives should be given power to act without referring everything back to their associations but that the organizations concerned should be kept in touch with what is going on

and should have an opportunity to consider any matters of special importance, such as the basis of classification, before final decision. Without this it would be impossible to secure their wholehearted coöperation.

It was recommended also that the associations be asked to appoint to this Joint Committee delegates who would be able to give some time and thought to the work and who would have a sympathetic attitude toward the project. It is not at all necessary that people should agree, but not much progress can be made if there is an attitude of hostility or domination on the part of any members of the committee.

In regard to the raising of funds, it seemed to be the general opinion that we should not depend too much on large gifts from corporations, but should draw on our own resources as far as possible, and secure individual contributions from friends of nursing education and from organizations which employ large numbers of nurses. As soon as the Joint Committee is formed, it is suggested that a Finance Committee be appointed to handle this whole matter.

Dr. Capen felt that the sum already promised is sufficient for the first year's program, and that there will be little difficulty in raising the remainder if a good start is made this first year.

So far as the appointment of a director of the study is concerned, it seemed to be the general opinion that the person should be a trained investigator, and not necessarily either a doctor or a nurse, though the inspectors or field workers should undoubtedly be nurses who are familiar with every detail of training school and hospital work.

The scheme of grading was discussed tentatively, but no effort was made to reach a decision at this time. It was pointed out by Dr. Capen and Dr. Gies that the use of three of four grades makes the scheme very difficult to administer, and the results are often misleading. They would recommend a list of approved schools, with no attempt at a further differentiation.

The matter of the New York State scheme of grading its schools was discussed briefly. It was agreed that this was quite different both in purpose and method from the proposed national plan, and that every effort should be made to avoid confusion between the two.

There was some further discussion about the probable effects of the proposed grading plan on the poorer nursing schools. Dr. Smith referred to the fact that many hospitals had been organized as community projects; they were needed and were doing the best they could. He felt that we must do what is best for the community. It is better to have a nursing school doing the best it can than to have no school at all. Dr. Darrach also felt that we should not limit too much the opportunities for training. Miss Logan suggested that it is a mistake to consider the nursing school primarily as a means of helping the hospital. Training schools are established for the purpose of preparing young women for the field of nursing. These young women ought not to be exploited in order that hospitals may have their service. We can not hope to attract students into nursing schools unless we are prepared to give them some mental food. If this is denied, students will go elsewhere. Universities are crowded to the doors

at the present time and nursing schools are not. Miss Stewart called attention to the fact that the poor school is one of the greatest obstacles to the good school in that it determines the attitude of people in the community toward nursing as a profession and so keeps good candidates out of nursing. Such schools would not necessarily be put out of business; they might combine their efforts as some are doing now and so build up one good school in place of several poor ones. Undoubtedly many of these schools would go on operating regardless of whether they are on the approved list or not, but prospective students need not be misled about them. In regard to the matter of service, nurses would all agree that the chief aim of the nurse is to serve not only the individual patient, but the community. The question is whether we are thinking of the immediate service the student gives to the hospital, or whether we should be thinking as well of the service which that nurse is to give all through her professional life.

The question then came up as to possible limitations in the proposed study and how we should get in touch with the schools to be graded. The League committee had not provided in the budget for organized publicity. It was expected that the members of the constituent associations would interest their boards and those schools that applied for grading would then be visited.

Dr. MacEachern felt that a much more definite effort ought to be made to reach schools. Everything depends on having a good staff of surveyors. He would send them out first to meet the trustees and officers of the schools and hospitals and present the advantages and the purpose of the plan. People were tired of inspectors, but they would welcome anyone who came to help them and give them new ideas about their work.

So far as immediate publicity is concerned, it was decided to send an abstract of this discussion to all the associations represented, for publication in professional journals.

The sub-committees from the National League of Nursing Education and the American Medical Association were asked to carry on until the permanent Joint Committee should be appointed, which should be as soon as possible.

In closing the conference Dr. Darrach thanked the delegates for all they had contributed to the discussion. He felt that this was just a beginning of coöperative effort, not only in the classifying of nursing schools, but in the bigger subject of nursing education.

I. M. S.

THE PRESBYTERIAN (NEW YORK) ENDOWMENT

The School of Nursing of the Presbyterian Hospital has recently announced a gift of $5,000 from Mr. and Mrs. Frederick Gellernee. Mrs. Gellernee was Ann D. Van Kirk, class of '96. This gift is to be applied to the endowment fund for the School of Nursing, in addition to the work the Alumnae of the School are doing in connection with the building fund for the new residence. Individual members are vitally interested in the endowment fund as is shown in this fine gift from an alumna.

REVISION OF THE STANDARD CURRICULUM

(Continued)

GENERAL AND APPLIED CHEMISTRY[1]

Time: 45 hours arranged in 1½ hour periods to include lecture, recitation and laboratory work. This is a very inadequate time for even a moderately satisfactory course in general chemistry. If it can possibly be arranged it is distinctly advisable to increase the time to 2 hour periods, thus providing for better laboratory work and for more opportunity for the oral quiz.

Teacher: A nurse who has had an adequate preparation in general, organic and physiological chemistry is the best person to teach this course. Lacking the properly equipped nurse, however, the course can be taught quite advisedly by any available well prepared teacher of chemistry who is interested in adapting the work to the needs of this particular specialized field.

Object of Course: 1. To serve as a basis for the more intelligent study of physiology, dietetics, bacteriology, pathology, hygiene and sanitation, practical nursing and materia medica.

2. To show how knowledge of chemistry enables one to maintain a safer environment for man.

Outline of Lecture, Recitation and Laboratory Work

I. *Introduction — Physical and Chemical Changes.*

(Lecture and recitation) *Introduction.*—Relation of chemistry to life: plant and animal. Definitions: physics, chemistry, matter. Branches of chemistry: inorganic, organic. Three physical states of matter. *Physical and chemical changes.*—Changes in matter and evidences determining each: physical, chemical. Kinds of chemical changes and fact of indestructibility of matter: direct combination, decomposition, double decomposition, substitution, internal rearrangement. Agents which function in producing chemical changes: heat, light, electricity, solution.

(Laboratory) The Bunsen burner. Physical and chemical changes.

II. *Energy.*

(Lecture and recitation) Energy change involved in every chemical change. Energy defined. Forms of energy: motion, heat, light, electrical, chemical. Transformation of one form of energy into another. Fact of conservation of energy. Measurement of energy in terms of the calorie. Some chemical changes important because of: (*a*) matter product of the change (energy change being incidental), (*b*) energy product (matter change being incidental). The food Calorie.

(Laboratory) Chemical energy change accompanies a chemical change in matter.

III. *Kinds of Matter.*

(Lecture and recitation) Elements: meaning, number, physical state, classification (*a*) metals, (*b*) non-metals. Compounds: meaning, physical state, number, classification. Law of definite proportions. Mixtures: meaning, form of matter provided by nature, how they differ from compounds.

(Laboratory) Mixtures and compounds.

IV-V. *Atomic Theory, Valence, Symbol, Formula and Chemical Equations.*

(Lecture and recitation) *Review,*—fact of conservation of matter, fact of definite proportions. *Atomic theory* in explanation of these facts. Definition of theory and importance. Essential features of Dalton's Atomic Theory. Atom defined. Molecule defined. How does the theory explain the facts. Symbol,—correct usage. *Formula,*—condition which makes it possible, function, correct usage. *Valence,*—meaning, standard for reference, tendencies of atoms to become negative and positive on going into combination, tabular scheme showing (*a*) nature of valence of atoms (positive or negative tendency), (*b*) value of valence as mono, di, tri, etc., the structural formula and its function (contrast to empirical). *Chemical equation,*—function, must fulfill fact of conservation of matter,

[1]This outline was prepared by a sub-committee composed of the following members: Helen Redfern, Chairman; Katharine Ink, Stella Goostray, Ida Downs, Charlotte Francis.

information necessary for writing, how interpret.

(Laboratory) Periods to be spent in directing the writings and usage of chemical formulas and equations.

VI. Written Quiz.

VII. *The Element Oxygen.*

(Lecture and recitation) Occurrence in nature. Importance. Preparation. Physical properties. Chemical properties. Oxidation: importance in everyday life, therapeutic usage, products of act (*a*) oxides, (*b*) energy.

(Laboratory) Preparation and properties of oxygen.

VIII. *The Element Hydrogen.*

(Lecture and recitation) Occurrence. Chemical acts which give hydrogen in such contacts as: metals above hydrogen with water, metals above hydrogen with acids, certain metals with certain bases. Applications of such contacts to cooking and cleaning, etc. Physical properties. Chemical properties, reduction, hydrogenation.

(Laboratory) Metal contacts with water and acids.

IX. *Oxidation and Reduction.*

(Lecture and recitation) Meaning. Some representative oxidizing agents. Some representative reducing agents. Function in a general way in animal metabolism and respiration. Other oxidation and reduction acts: reduction of ores, photosynthesis, bleaching and disinfectant acts.

(Laboratory) Some oxidation and reduction acts.

X-XI. *Water.*

(Lecture and recitation) Composition. Occurrence. Uses: in body, in hygiene, in cleaning, in cooking, in therapeutics. Natural water: impurities (*a*) sources (*b*) nature (mineral, organic, gases, bacteria) (*c*) effect on health. Purification of water: natural methods, artificial methods. Chemical behavior:

1. With metal contacts
2. With metallic oxides
3. With non-metal oxides
4. To form hydrates
5. Dehydration
6. Hydrolysis

Importance of these properties in

1. Preparation of foods
2. Cleaning metals
3. Preparation of lime water, etc.
4. Physiological processes
5. Disinfection.

(Laboratory) Properties of water. Some methods used for the purification of water.

XII. *Hard Water.*

(Lecture and recitation) Meaning. Temporary and permanent hardness: distinction between, how formed in nature. Objections to: economic, household, personal, medicinal, health. Means for removal (softening): nature of act, agents in common use (*a*) effective agents for both temporary and permanent hardness (*b*) effective for permanent hardness. Method of determining when water is completely softened.

(Laboratory) Temporary and permanent hard water: temporary (*a*) preparation (*b*) methods of softening; permanent (*a*) preparation (*b*) methods of softening.

XIII-XIV. *Acids.*

(Lecture and recitation) Occurrence. Composition. Condition in water solution with common feature which is responsible for the acidity. Definition of an acid. Common acts of hydrogen ions: taste, action with free metals above hydrogen, action with metal oxides, action with carbonates, action with bases (hydroxyl ions), action with animal tissues, action with fabrics, action with pigments. Some important acids in common use. Strong and weak acids—what determines them. What determines the intensity of acid reaction. Wisdom of selection of specific acids for specific uses. Nomenclature of acids.

(Laboratory) Acid contacts as suggested in above discussion.

XV-XVI. *Bases and Salts.*

(Lecture and recitation) *Bases,*—Composition. Condition in water solution with common feature which is responsible for the basicity. Definition of a base. Common acts of hydroxyl ions: taste, feeling, action with acids (hydrogen ion), action with fats to form soaps, action with animal tissues, action with fabrics, action with pigments. Some important bases in common use. Strong and weak bases—what determines them. Alkalies and

alkaline reaction. What determines intensity of base reaction. Wisdom of selection of specific bases for specific uses. Nomenclature of bases.

Salts,—Occurence. Importance of Salts: as raw materials, in household, in medicines, in body. Composition: normal, acid, base. Hydrates and anhydrous forms of some salts in common use. Hydrolysis of salts—some important instances. Relation to respective acids with nomenclature.

(Laboratory) Properties of bases. Interaction of an acid and base (Neutralization). Hydration. Dehydration. Hydrolysis.

XVII. *Bleaches and Disinfectants.*

(Lecture and recitation) *Bleaches and stain removal,*—Function. Cautions to be observed. Important bleaches: chlorine (*a*) source of chlorine for this use (*b*) nature of act (*c*) why unwise for general usage; sulphur dioxide (*a*) method of application (*b*) nature of act (*c*) objections to use; hydrogen peroxide (*a*) nature of act, (*b*) specific for; potassium permanganate (*a*) nature of act; ozone (*a*) nature of act. *Disinfectants,*—(Disinfectants in common use: chlorine, iodine, sulphur dioxide, formaldehyde, potassium permanganate, bichloride of mercury, phenol preparations, alcohol). Function. Points to be considered in the selection of disinfectant (*a*) effectiveness (*b*) nature of act (*c*) advantages and disadvantages (*d*) safety for expert or lay usage.

(Laboratory) Bleaching of fruits. Bleaching of fabrics. Some stain removals.

XVIII. *The Element Nitrogen.*

(Lecture and recitation) Occurrence. Physical properties. Chemical properties: nitrogen fixation problem, instability of nitrogen compounds.

Written Quiz.

XIX-XX. *The Element Carbon and Hydrocarbons.*

(Lecture and recitation) *Carbon,*—Occurrence. Forms of Carbon. Physical properties. Chemical properties. Two important destructive distillation processes. Important products obtained from: coal, wood. *Hydrocarbons,* — Some common hydrocarbons: methane, ethane, propane, benzene. Composition. Structural formulas. Some important balogen substitution products. Hydrocarbon radicals which appear frequently: methyl, ethyl, glyceryl, phenyl.

(Laboratory) Destructive distillation of coal. Destructive distillation of wood. Products of combustion of hydrocarbons (gas, gasoline, candle).

XXI-XXIII. *Alcohols, Aldehydes, Ketones and Organic Acids.*

(Lecture and recitation) *Alcohols* (organic bases),—Constituent elements. Some common alcohols: methyl alcohol, ethyl alcohol, glycerol, phenol. Uses of alcohols. Structure, with group which is the determining feature (primary and secondary). Chemical behavior: with acids, dehydrated give ethers, products of oxidation of primary and secondary alcohols. *Aldehydes,*—Derivation from primary alcohol. Structure, showing characteristic group. Representative aldehydes. Oxidize to acids. *Ketones,*—Derivation from secondary alcohol. Structure showing characteristic group. Representative ketones. Oxidize to acids. Carbohydrates: polyhydric alcohols containing either aldehyde or ketone group—examples. *Organic Acids,*—Derivation from aldehydes. Some important organic acids (fatty acids). Structure with characteristic group. Final oxidation products of organic acids. Fats as glyceryl salts of certain fatty acids. Amino acids—amine substitution products on fatty acids. Some important amino acids.

(Laboratory) Alcohols and Aldehydes,—Preparation of some important alcohols. Formaldehyde an oxidation product of methyl alcohol (primary). Test for formaldehyde.

XXIV-XXV. *Carbohydrates.*

(Lecture and recitation) Function. Occurrence in nature (Photosynthesis). Elements present. Structure of glucose with characteristic groupings. Classification—basis. Solubilities. Hydrolysis of carbohydrates: nature of act, importance of act—physiological, aids to the act, products. Fermentation—products. Possible reduction of carbohydrates to fats in the body. Oxidation of glucose: products of partial oxidation (pathological significance), products of complete oxidation (normal), caloric value reviewed. Identification tests in common use: Benedict or Fehlings for glucose—diagnostic importance, iodine for starch and dextrin.

(Laboratory) Carbohydrates—Test for reducing sugars. Hydrolysis of sucrose by boiling (with acid as catalyzer). Fermentation acts. Test for starch and dextrin.

XXVI-XXVIII. *Fats and Proteins.*

(Lecture and recitation) *Fats,*—Occurrence and physical state (solid fats and oils). Function. Elements present. Structure—glycerides of fatty acids. Solubilities. Hydrolysis of fats: nature of act, importance of act—physiological, aids to the act, products. Oxidation of fats: products of partial oxidation (pathological significance), products of complete oxidation (normal), caloric value. Soaps: composition, manufacture (*a*) materials used (*b*) chemistry of act, soluble and insoluble, hard and soft, cleansing action. *Proteins,*—Occurrence. Function in the body. Structure and relation to amino acids. Classification with composition and body sources. Solubilities. Hydrolysis of proteins: nature of act, importance of act—physiological, enzymes as catalytic agents, products of act. Coagulation of: by heat—temperature varies for different proteins, through action of precipitating reagents (acids, alcohol, salts of heavy metals). Tests. Complete and deficient proteins. End products of metabolism of: simple proteins, nucleoproteins—pathological importance. Possibility of converting proteins into glucose in body.

(Laboratory) *Fats,* — Emulsification of fats. Making of soap—saponification. Action of soap on hard water. *Proteins,*—Test for nitrogen. Color reactions: Xanthoproteic, Biuret. Coagulation: by heat, by reagents—protein altered. Precipitation from solution—unaltered.

XXIX-XXX. *Digestion of Carbohydrates, Fats and Proteins.*

(Lecture and recitation) — *Carbohydrates:* in mouth, in stomach, in intestines. *Fats:* in stomach, in intestines. *Proteins:* in stomach, in intestines. Hydrolytic changes produced by bacteria.

(Laboratory) Digestion of: starch, fats, proteins.

Methods of Teaching

It is impossible to teach chemistry by the lecture method alone. Discussions and frequent quizzes are necessary for purposes of clarification and opportunities for self-expression on the part of the students. As far as possible it is by all means advisable that each student should work out her own experiments in the laboratory. However, demonstrations are recommended in a brief course such as this outline suggests, when the success of the experiment requires an undue expenditure of time for proper technic or greater skill than the student has acquired.

Not more than 16 students should be taken together in one laboratory section under one instructor, unless the laboratory facilities provide for a larger number, and unless there is adequate provision for assistance. Suggested time limits for classroom and laboratory work respectively have purposely been omitted. Flexibility for time apportionment between these two phases of the work makes for greater efficiency in the administration of the course. For some lessons it is advisable that the classroom work should occupy the major portion of the time allotment, while for other lessons the laboratory work should be given more time.

The arrangement for distribution of individual supplies for the day's laboratory work is of prime importance. The shorter the laboratory period, the more necessary it is that the student should spend the minimum amount of time obtaining the materials for her use.

Much time and annoyance are saved by obtaining all the main supplies for the entire course at the same time.

Equipment

The room for the laboratory work should be well ventilated and well lighted. A hood for carrying away odors of disagreeable gases is desirable but not essential. A laboratory table with adequate working area, with drawers for the equipment outfit for each student is necessary. Sinks can be placed at such intervals along the table as to be made available for water and drainage for four people if the students are opposite each other on both sides of the table. There should be faucet fittings for each student. Provision for a gas burner for each student is necessary. Where gas is not available gasoline burners, which are on the market as substitutes for gas

usage in the laboratory, are advised. Cupboard space for storage of stock supplies is necessary.

Individual equipment is recommended as follows: 1 Bunsen burner and tubing, 1 iron ring—medium, 1 pinch clamp, 1 wire gauze, 1 test tube holder, 1 test tube rack, 10 soft glass test tubes, 1 hard glass test tube—one hole rubber stopper to fit, 1 test tube brush, 1 glass rod, I wing top, 1 mortar and pestle, 1 pair forceps, 2 glass plates, 1 triangular file, 1 funnel, 1 Florence flask 250 c.c., 2 glass bottles with 8 oz. wide mouth and two-hole stopper to fit, 2 watch glasses, 1 evaporating dish—medium size, 1 thistle tube, 2 beakers 150 c.c. and 250 c.c., filter paper, matches, glass tubing, 1 small shallow tin pan, 1 deflagrating spoon, 1 asbestos mat, 1 retort stand, 1 Centigrade thermometer.

The initial cost of this equipment is not more than $4 per capita at the very outside, while the upkeep is not more than 50 cents per capita providing the best glass (pyrex) and the best porcelain (possibly Coors) are used.

TEXT AND REFERENCE BOOKS[2]

Group I—
- Bogert, Fundamentals of Chemistry or
- Goostray and Karr, Applied Chemistry for Nurses
- McPherson and Henderson, Chemistry and Its Uses
- Sherman, Chemistry of Food and Nutrition

Group II—
- Brownlee and others, Chemistry of Common Things
- Hawk, Physiological Chemistry

Group III—
- Snell, Elementary Household Chemistry
- Norris, Organic Chemistry
- Mathews, Physiological Chemistry
- Slosson, Creative Chemistry

[2]Group I is composed of books considered essential; Group II of those distinctly helpful; and Group III of those helpful for wider reading.

Reprints of this outline may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent. will be allowed on orders of 25 or more.

ADDRESSES WANTED

The 1924 Annual Report of the National League of Nursing Education, mailed to the members listed below, have been returned because of incorrect address. If these members will promptly notify Headquarters, National League of Nursing Education, 370 7th Ave., New York, N. Y., of their proper address, their reports will be forwarded at once. The addresses given are the last ones known:

Helen M. Pearson, City Hospital, Okmulgee, Okla.; Pearl M. Patterson, Columbia Hospital, Columbia, Miss.; Mary H. Groves, 3620 Pine Grove Ave., Chicago, Ill.; Iva E. Trumbell, Iowa Congregational Hospital, Des Moines, Iowa; Louise Buford, 70 Bellevue St., Lowell, Mass.; Sarah M. Murray, 140 N. 15th St., Philadelphia, Pa.; Mrs. Jessie L MacDonald, 411 W. 114th St., New York, N. Y.; Marion E. Seaver, St. Luke's Hospital, Cleveland, Ohio; Clara May Widdlefield, Deaconess Hospital, Indianapolis, Ind.; Mrs. Mabel Lathrop, 209 E. Broadway, Newton, Kas.; Mrs. Betsy L. Harris, Wesley Hospital, Wichita, Kas.

TOO LATE FOR CLASSIFICATION

The International Council of Nurses has extended the time for making reservations in Helsingfors to June 1.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

THE ANNUAL QUESTIONNAIRE

ANNUAL questionnaires to all Red Cross nurses will be sent out by the Local Committees on Red Cross Nursing Service as usual in April this year. Owing to the double response entailed last year through the additional National Defense Day test questionnaire and the suggestion then made in order to avoid troubling nurses twice each year, the position now needs adjustment. Otherwise, nurses who will be receiving these annual questionnaires within the next few days will wonder why there should be another in so short a time after September 12.

It has been the custom each April to send out questionnaires which, when filled in, are exceedingly important to the records of the Nursing Service. Then last September came the special Roll Call made at the request of the Surgeon General's Office. When it seemed probable that this might be an annual need, in order to save so much extra work to the State and Local Committees, to avoid troubling nurses twice a year, and to curtail the expense of postage, a wise provision was contemplated —to abolish the April questionnaire and to make the September 12 response serve the two purposes. Now, however, the situation is changed. Advice has just been received from the Surgeon General's Office informing Miss Noyes that the Red Cross Nursing Service will not be required to call a roll of nurses again on September 12. So the usual April questionnaire will be sent out as customary and there will be no 1925 muster on September 12.

This is the moment to urge that nurses scrupulously observe the filling out of these questionnaires. They should be returned as soon as is expedient. Their importance to Red Cross nursing records cannot be overestimated. They keep up to date a nurse's history which may be required at a moment's notice, sometimes in order that the nurse herself may be served; they give the latest permanent postal address so that she can be reached at once and they keep the Red Cross informed of what she is doing and what she is ready to do. If a nurse does not complete and return the questionnaire and if she cannot be located within two years, automatically her enrollment in the Red Cross Nursing Service is annulled.

There is one change in the form this year. At the suggestion of the American Nurses' Association the work of ascertaining whether a nurse is still a member in good standing of her Alumnae, District and State Association, begun by the Red Cross, will be discontinued, so that question and the one arising from it—"If not all, which one?" —have been removed. There are substituted this year the questions: "Are you an instructor of Red Cross Classes in Home Hygiene and Care of the Sick?" "Have You Ever Been?"

A. R. C. SESSIONS AT STATE MEETINGS

Last month some space was devoted to the consideration of changes following

Red Cross reorganization, the abolition of the six Divisions and the consequent intimacy of relationship reestablished in the eastern area between State and Local Committees and the National Committee at National Headquarters. The present relation to state meetings is another point which comes up in connection with this rearrangement of relationships. In former days, prior to the war, Red Cross sessions at state meetings were arranged on a national rather than a local basis. Those occasions are still recalled with a great deal of pleasure. The State Committees on Red Cross Nursing Service working in connection with the board of directors of the state associations felt it then their responsibility to arrange a Red Cross program at all such meetings, which was additional to the report of the State Committee, usually a summary of the reports of the various local committees.

Sometimes a Red Cross speaker of national importance lent added interest either to the general program or to a special Red Cross dinner, where the speech was the feature of the evening. A special table at the meeting itself, under the auspices of the State Committee, displaying Red Cross literature, enrollment blanks, and other items of interest, was another feature. The reestablishment of these meetings on a national rather than a purely state basis now seems advisable. Here is a suggestion that may well be developed to the interest of nursing in the state as well as nationally. The changing times have meant a changing program. It is much wider in scope than that which formerly prevailed. There are state supervising nurses who are representatives of all phases of American Red Cross nursing and who are, therefore, responsible for the development of Chapter programs, i.e., public health nursing and home hygiene and care of the sick.

As nurse members of the state association should be kept informed of every Red Cross nursing activity within the State, it would seem well, therefore, to have these presented at a general meeting of the state association. This does not preclude round tables of State and Local Committees, Red Cross public health nurses and Red Cross instructors being held in connection with the State meeting.

State Committees are urged by the Chairman of the National Committee to communicate with the board of directors of the state associations so that a program incorporating the best of the old features and the finest of the new may once more be developed. She also cordially invites communications on this subject. Such assistance as can be rendered will gladly be given and suggestions may be made that will prove fruitful.

Inauguration Week Conference

Inauguration week at the capital will be remembered by Red Cross Nursing and other field representatives from all over the eastern area, not alone for the ceremonies attending a President's induction into office on March 4. A new type of conference heralded new relationships. It was a delightful mode of introduction. Field representatives came to National Headquarters to become acquainted with their new "home office"; with the Washington staff as with each other; and to confer with

each other and with the directors of the various Services on individual problems. Every session was characterized by a frank, free and friendly spirit, of inestimable value to those who carry the impress of the Red Cross to the far ends of each state. Life is a compound of the grave and the gay. There was life in these meetings, which balanced each other and gave perspective to the whole by ranging from the serious to the sunny side.

Dr. William Mather Lewis, President of George Washington University, who addressed the group on Tuesday morning, March 3, invigorated everyone with his address, every word of which inspired representatives not only to go back to the field with a new consciousness but prepared to take up heavier burdens than ever. "The Red Cross has this thing said about it," and that thing, he told them. "The field representatives probably have doors closed in their faces, all the little annoyances which can be heaped upon them, but when the catastrophe occurs and the Red Cross train begins to move or the Red Cross nurse appears, it is: *Give the right of way.*" Such is the recognition of worth. To this layman, that is what the organization and the nurse mean in the common consciousness of the American people.

That was one side. Another was shown on Monday evening, March 2, when every moment was a golden moment because a moment of laughter. One of the most delightful events of a lifetime was the dinner at the Women's University Club. A committee, of which Miss Noyes was chairman, had concentrated all their humor and all their verve in planning it. There was a burlesque miniature of the *Courier* in its old form; there were impersonations of the important and the less important; and a hilarious farce of Chapter "contacts" so that everyone of the 150 present was revivified by the zest much laughter gives.

Here is a breezy impression from Mrs. Charlotte M. Heilman (Florida) typical of the feelings of the nursing field representatives:

> I had felt like a tag-end in the scheme of things until now. In the first place I had a notebook full of questions about things that I wanted to know. They have all been answered during the various meetings of this Conference without my asking a single one. As for the dinner—well, when we play, it breaks down the barriers between us. We see the headquarters personnel as human beings which helps us to evaluate these people much better. And it does put a warmth into things. It humanizes everything so that we see what is behind the very necessary cut and dried red tape routine. Rising up and bubbling over now and then, I see, makes us really better for our work.

And here is another from Miss Clara Lodwick (Ohio):

> It made us see again the bigness of our whole organization. That is one of the most revivifying things to us who come in from the field where we have perhaps been feeling we carry the load absolutely alone. Now, we realize we are one with many others. We are being helped from Headquarters and not only helped but the people are working along the same lines trying to make our work easier. We feel a greater nearness to our national office than we ever did before. There was a wonderful spirit of good sportsmanship throughout the whole dinner. Everybody laughed at others—and at themselves. It was a thing that I can only express by saying "It would buck up morale in any organization."

A Louisville Scholarship

Memory can be a very beautiful thing. This has once more been shown —in the present instance by the Nurses'

Alumnae Association of the Louisville (Ky.) City Hospital. It has created a memorial to the dead by helping the living in tribute to a nurse who gave her life for her country in France in 1918. Because Rosa Rapp, a nurse in the Army Nurse Corps, still lives in their hearts other women will be helped to a career in a much beloved profession. The association has endowed a scholarship fund which permits the holder to take a five-year course, qualifying towards an R. N. degree at the Louisville City Hospital and a B. S. degree at the University of Louisville. Alumnae associations—there was once given an injunction, "Go and do thou likewise."

Home Hygiene Summer Courses

Postgraduate courses for Red Cross Home Hygiene Instructors and other nurses intending to become instructors are now an established part of summer sessions at certain colleges so that those who wish to attend can plan for them in 1925. Last year it will be recalled they were given at Simmons College, Boston, Pennsylvania State College and Colorado Agricultural College, Fort Collins. This summer it is hoped to add a college in the South and a college on the Pacific Coast to this group so that all parts of the United States will be within comparatively easy distance of one or the other.

The especial value of such a postgraduate course is that it teaches nurses, who know nursing but who are unable to impart that knowledge to others, how to instruct. Instruction in the principles of teaching with the proper presentation of Home Hygiene and practice teaching under supervision are the required subjects, but students may take in addition other subjects on the general curriculum in which they may be particularly interested, so that these courses are rightly classed as part of the higher education for nurses.

There is a great interest in them as the extent of replies to a questionnaire recently sent out from National Headquarters by the Director of Home Hygiene and Care of the Sick reveals. Some inquiries have been made about the probable cost of taking this postgraduate course. Living expenses for the six weeks last year averaged $75; tuition, $16; miscellaneous expenses, including books and laboratory fees, $15. Transportation, of course, is additional.

Enrollment Annulled

Each month there is issued in these columns a list giving the names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases. The one for this month is given below. Nurses, whose enrollment is annulled, are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they always remain the property of the Red Cross:

Sander, Wilhelmina Marie H. (also known as Minna H. Sander); Santarelli, Elisa; Sayre, Katharine Milford; Schleif, Mrs. Rebie Sylvia (nee McElwee); Scott, Hanna Pacific; Sempert, Mrs. Elizabeth Mary (nee Campbell); Settle, Piccola; Shaddock, Katherine Mary; Shelly, Mary C.; Shepherd, Maud Loskridge; Shockley, Charlotte May; Simmons, K. R.; Simmons, Leona Jaqueline; Simonds, Mrs. C. A. (nee Beatrice Day); Shusber, Clara F.; Smith, Alice Elaine; Smith, Mrs. Edna May (nee Swope); Smith, Lena Ethelyn; Smith, Myrtle Elizabeth; Smith, Mrs. Philena Pennell (nee Cheetham); Snyder, Edna M.

STUDENT NURSES' PAGE

VALUE OF NOTEBOOKS TO STUDENT NURSES

By Helen Patton

Wesley Memorial Hospital School of Nursing, Chicago, Ill.

FROM time immemorial students have had a hostile attitude towards notebooks and have turned scornfully away at the first mention of them. From the tiny tots with their first notes, to the college students with their prodigious amount of lecture material, notebooks have been relegated to forsaken corners. They appear in public only on such state occasions as monthly inspections, mid-semester exams, or annual exhibitions. All too frequently they are a jumbled mass of unintelligible hieroglyphics, scribbled in a hurried moment. When they are necessarily before the minds of their often indifferent owners they are denounced as wasters of valuable time, spoilers of perfect week ends, causes of co-eds' tears, and cancellers of expensive theatre tickets. After the critical moment is passed and the fear of failure is over, they are once more ignored until another crisis is imminent. Yet they are filled with innumerable statistics and valuable information. They contain theories that need only to be practiced and principles that need only to be applied. Were they vitalized and made a part of daily lives, their contents would be indispensable. In every known profession theory is the basis of all practice. Student nurses can make their lectures and their statistics play an important part in their daily practical work.

A student who can prepare and utilize the statistics given to her by a lecturer is the type of citizen who, when life has burdened her with responsibilities, can put theory into practice and be a philosopher and a doer, not a mere wandering idealist or a stolid bit of human mechanism. The utilization of a student's notebook depends upon the preparation of it and the preparation, in turn, depends upon the capabilities of the student along these four ways:

First—Her attitude
Second—Her ability to take notes
Third—Her ability to rewrite notes
Fourth—Her ability to use her notes

A nurse may keep her charts faithfully and realize the need of doing so; but let her instructor say, "I'll require a notebook," and instantly she is on the defensive. Instead of looking ahead and visualizing its future usefulness, she thinks of the time it takes from her hours of pleasure. Let me tell you of Miss Brown and Miss Black, who finished nurses' training at the same time. Miss Black is now superintendent of a large hospital, with a much envied reputation, but Miss Brown, when last heard from, was keeping house for her widowed brother and taking cases "when she could get them." Miss Black, herself, says, "I learned to carry out my theories while yet in training. My notebooks and my statistics were my treasures, and I referred to them constantly." When asked about Miss Brown, she said, "Poor child, she was such a sweet nurse, but what a mess her notebooks used to be. We couldn't persuade her that it would be of any benefit

to her to spend more time and energy on them." Miss Brown's attitude is one not uncommon among students today.

One must have, in addition to the desire for a good notebook, the ability to produce such a book. She must be able to take notes and gather statistics correctly. The alpha and omega of note taking is briefness and system. If the two are worked hand in hand she can call her note taking successful; but if she slips on one or the other, she loses ninety per cent. of her ability. Knowing just what to take and what to omit is essential. Many write an "a," an "an," or a "the," which does not need to be written whenever the lecturer uses it. Some note takers never abbreviate, never miss a detail, but they do miss significant points, because they are so busy on the insignificant ones. A lecturer may tell an interesting story about a typhoid patient who tried to jump out the window, but the details of the story should not appear in the notes. Merely write: "Watch carefully, and if necessary restrain, all typhoid cases." It will be just as valuable to you and the meaning of the point will be much easier to get.

See that the sub-headings are under the right point. It would make an entirely different story if in writing out the clinical forms of tuberculosis you had it thus:

1. Acute miliary.
    a. Peritonitis.
    b. Potts Disease.

instead of thus:

1. Acute miliary.
2. Peritonitis.
3. Potts Disease.

Suppose a lecturer had for his topic the constituents of the blood, and told you that the white cells are divided into lymphocytes, and leucocytes, and the leucocytes into transitional, basophils, and eosinophils. When taking notes you were so intent on thoughts of the show at the Chicago Theater the previous night, that you wrote lymphsites for lymphocytes, missed the word leucoyctes entirely, misspelled the three divisions of leucocytes, and placed them as divisions of red blood cells. Some weeks later, when you attempt to recopy your scrawled sentences, you will wonder just what the lecture was about, anyway.

But even system is of little use without neatness. Notes written on scraps of paper are almost illegible the next morning; every third or fourth piece of paper is lost, and thus the notes become a story with a missing paragraph every chapter or so. Neither imagination nor recollection can supply the missing parts.

Now, if notes are taken briefly, systematically, and neatly, don't think that the task is completed. Many make the great error of waiting until the night before the notebook is due before copying their notes. One can easily imagine the result, an almost unreadable notebook of little or no value to anyone. The best policy then is to write up the notes early, choosing a time when it can be done with great thought and care.

Voluminous notes are not necessarily good notes. In fact, a good notebook is generally one in outline form, well organized, with important details set down. The writer is of the opinion that the best way to put in details is by illustration. Let us consider that a lecturer in pathology is discussing

cholelithiasis. Instead of attempting to locate the gall bladder with the stones in the various ducts, draw a simple illustration and accompany it with a simple outline as follows:

A. Type.
   1.
   2.
B. Origin.
C. Location with corresponding symtoms.
   1. Common duct.
      a.
      b.
   2. Cystic duct.
      a.
      b.

The last and important point in rewriting notes is to have them ready for use. The accompanying chart shows the plotting of certain statistics by a student nurse for the physician's use. It is invaluable as a time saver, for the necessary facts can be quickly gained. It contains the progress notes of an exophthalmic goitre case:

1. Gain in weight with corresponding amount of food consumed (calculated in calories).
2. Successive lowering basal metabolic rates.
3. Decrease in pulse.

By reading the graph one can soon note the present condition of the patient. Upon entering, she weighed ninety-one pounds, she was consuming small amounts of food, she had pulse varying from 100 to 136, and a basal metabolic rate of plus sixty-nine. Then by following the various lines one may note her progress.

1.____rise in weight from 91 to 112.
2.____number of calories ranging up to 6,000.
3.____pulse lowering to 82.
4.B.M.R. notations—from plus 69 to 29 per cent.

Notebook making may seem a simple mechanical process not worth spending much time on, but I assure you if one prepares her notebook with its future utilization in view, her interest will be greatly increased and her absorbent mind and willing hands will mend an otherwise frightfully checkered future. Many failures are directly traceable to the lack of ability to utilize theories. Many do not learn, as Miss Black did, that the time to start preparing for life work, is when taking notes as a student.

TOO LATE FOR CLASSIFICATION

Arizona: The Arizona Board of Registration of Nurses will hold an examination for applicants for registration on April 24, 25, Friday and Saturday, at Tucson. Catherine Beagin, Secretary-treasurer, State Board of Registration, Prescott.

Maryland: The Maryland State Board of Examiners of Nurses will hold an examination for State Registration, May 18, 19, 20, 21, 22. All applications must be filed not later than April 20 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

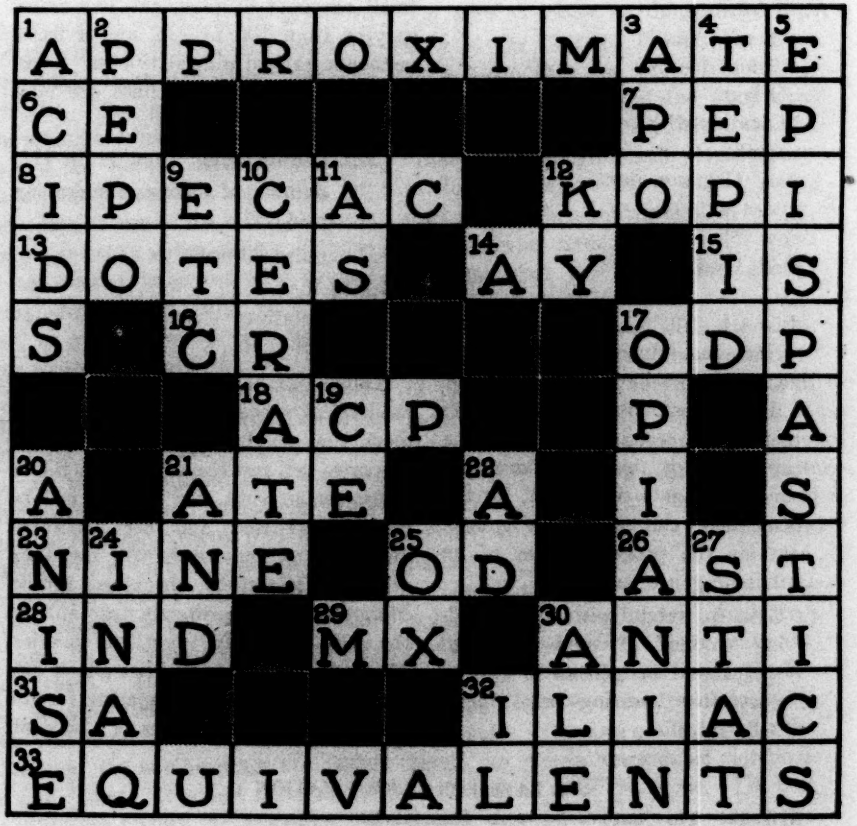
New Mexico: The State Board of Nurses will hold examinations at Raton, Silver City, and Albuquerque, on April 24 and 25. Mrs. W. C. Wilson, Secretary, 804 North 13th Street, Albuquerque.

Rhode Island: The Rhode Island Board of Examiners of Trained Nurses will examine applicants for state registration at the State House, Providence, Thursday and Friday, May 21 and 22, 1925, at 9 a. m. For application blanks and information, address Lucy C. Ayers, secretary-treasurer, Woonsocket Hospital, Woonsocket, R. I.

SOLUTION TO CROSS WORD PUZZLE

By M. McM.

Solution to the puzzle published in the March Journal



TOO LATE FOR CLASSIFICATION

The New Jersey State Organization for Public Health Nursing will hold its annual meeting on April 4 at the Y. W. C. A., Trenton.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

"TONY" TRAVELS TO CHINA

DEAR EDITOR: I was much interested in reading the article in the December *Journal* by Rosemary Kobes on Tony and Autoskingrafts. This tale is not in favor or against either auto or isoskingrafting, as you will see, but shows what "complication" may follow from the latter method. A young Chinese boy was in one of our hospitals here in Hainan, because of some trouble with his foot. The doctor in charge knew that if he would be allowed to perform a skingrafting operation, that it would heal more quickly. So he received permission of the boy's sister who was caring for him (this was before the day of nurses), to be the donor. It was done, the wound healed, and the boy went home. Now for the complication: the sister was not married at this time, although engaged, I suppose as most children are, in infancy, but after her return home she was married. She was taken to her husband's home. Not long after something went wrong in the family,—ill-fortune of some sort, and a fortune teller was called in to see what the trouble was and what must be done. He said that it was because part of the daughter-in-law had been kept in her own family and that her husband's ancestors were angry. The wife's family was sued and had to pay a large amount of money to appease the ancestors of the other family. Do you not agree with me that this was quite a serious complication? I do enjoy the *Journal* very much.

CAROLINE MCCREERY.
Kachek, Hainan, China

NURSES AS STEWARDESSES?

DEAR EDITOR: I have heard that there is quite a waiting list of graduate nurses seeking employment as stewardesses on the Pacific steamship lines. I have been told that they are paid $45 a month with the expectation that tips would make up the deficiency; another line pays $75. The nurses dress in uniform, cap and all. Would it not be possible for our national organizations to make a protest to the steamship companies and ask that nurses who are employed by them be paid as much as a hospital pays a floor supervisor and that no tipping be allowed? I suppose there is no objection to nurses taking such positions if they will bring the position up to the professional level,—no tips and a good salary,—and not drag the profession down to the level of a menial position.

California M. D. B.

LIFE OF FLORENCE NIGHTINGALE WANTED

DEAR EDITOR: We have not been able to get a copy of Cook's Life of Florence Nightingale. We should be very glad to purchase a second hand one.

MRS. GENEVIEVE M. CLIFFORD.
Ithaca City Hospital,
Ithaca, N. Y.

JOURNALS WANTED AND ON HAND

Jane Van De Vrede, 688 Highland Avenue, Atlanta, Ga., will purchase the following copies of the *Journal* from anyone wishing to dispose of them: 1901, November and December; 1902, January, February, May, December; 1903, May, August, December; 1904, March, July, September, October; 1905, February, October; 1909, Stepember, October, November; 1910, April, May, September, October; 1911, February, August, September, October.

Ruth A. Hooker, 204 North Tacoma Avenue, Indianapolis, Ind., will give away, if postage is paid, the following numbers of the *Journal:* 1918 through 1924, except January, 1921, which is missing.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

2. Are ripe bananas being used in the diet of children?

Answer.—Several children's hospitals report that they have been used in one or more cases. Sidney V. Haas, M.D., of New York, discusses the subject in "The Value of the Banana in the Treatment of Celiac Disease" in *The American Journal of Diseases of Children*, October, 1924. The summary of the article is as follows:

"Celiac disease is a nutritional disturbance of late infancy and early childhood, due to inability to utilize fats and carbohydrates in a normal manner. The treatment has presented discouraging difficulties. Carbohydrate in the form of ripe bananas appears to be tolerated perfectly, making it possible to bring about a clinical cure in practically all cases. Whether there is a factor in the banana other than the carbohydrate content which results in this cure is unknown. The treatment of this disease requires a high caloric diet from two to three times the normal. Milk is replaced by one of the lactic acid forms. No other fat is used, and no carbohydrate except ripe bananas, and that present in the lactic acid milk. Proteins may be used in all forms and apparently in any quantity. The maximum number of bananas used in any one case was 16, daily, by a child aged 26 months. In addition to the dietary treatment, a full dose of castor oil is given once a week, and colonic irrigations of sodium bicarbonate daily. Of ten patients, eight so treated have made a clinical recovery. Two patients not so treated died."

3. We have had some discussion on twenty-four hour duty nursing and we would like to hear what others think, through the *Journal*.

Answer.—There is a definite tendency away from twenty-four hour duty for private duty nurses throughout the country. Many hospitals are ceasing to demand or to expect nurses to sleep on cots in patients' rooms. In some institutions the practice was abandoned years ago. The arguments aganist twenty-four hour duty in hospitals are two: First, if a patient is ill enough to require a special nurse, he needs an alert and not a sleepy nurse, and the well-run hospital can provide the necessary relief if the full time of two nurses is not required. Second, the practice of permitting nurses to sleep on cots tends to lower morale.

Twenty-four hour duty in homes has been influenced in the larger cities by the small size of apartments, since in very many of them there is literally no place for a nurse to sleep and provision must be made for relief by another nurse or by some member of the family. In smaller places and in rural communities, twenty-four hour duty in homes, we believe, is still the rule but it must be remembered that conditions are in general much more flexible in smaller places than in cities. A western registry well expresses the general attitude of nurses on this subject in the following statement:

"The Nurses' Association advocates a twelve hour day for nurses whenever possible without detriment to the patient, and physicians calling nurses for twenty-four hour cases are urged to coöperate by instructing families to provide sufficient relief for rest and recreation.

"The long hours have much to do in keeping young women from entering the nursing profession and influencing many to seek other employment, and we hope in this way to induce suitable young women to take the training and to conserve the health of those we already have."

EXECUTIVE SECRETARY OF THE AMERICAN HOSPITAL ASSOCIATION

Announcement is made of the appointment of Dr. William H. Walsh, New York, N. Y., as the new executive secretary of the American Hospital Association, succeeding the late Dr. A. R. Warner, whose death occurrd last November. Dr. Walsh assumes his new duties March 1, relieving John E. Ranson, Superintendent, Michael Reese Dispensary, Chicago, who has held the position of acting secretary of the association.

Dr. Walsh held the position of executive secretary during 1917-1918, relinquishing it to enter war service. He is a graduate of Girard College, Philadelphia, Pa.

INSTITUTES AND SUMMER COURSES

California: Stanford University. — Course for administrators and instructors in schools of nursing, June 23-July 24, and a course in public health nursing, June 23—to continue throughout the quarter. Maude Landis, from the Stanford School of Nursing, will be in charge of the courses, which will be open to high school graduates or those presenting an acceptable equivalent. Courses will include general psychology, physiology and principles, methods, administration and correlation of theory and practice of nursing. The course in public health nursing will be given in coöperation with the Palo Alto Public Health Department, and will be limited to 10 members.

Illinois: Chicago.—Courses for all nurses, the last two weeks in August. The Illinois Institute is planned for the busy graduate nurse who cannot give the time to a longer course of study. A short course of lectures on each subject is planned so that she may get a connected series on such subjects as Psychology, Principles of Teaching, Sociology and Public Speaking. In order to be of value to the greater number of nurses, several courses, special lectures and demonstrations, will be offered so that the private duty nurse, the public health nurse, the administrator, and the instructor will find something of interest in her special field of nursing. The clinical material of the great hospitals of Chicago is available to all nurses attending the Institute. Excursions to these hospitals are systematically arranged, and demonstrations in teaching, in new methods of treatment, are given by experts in the different fields of nursing and hospital education. The complete program will be ready for distribution April 15. Those desiring a program or any further information, should write to May Kennedy, Director, 6400 Irving Park Boulevard, Chicago, Illinois.

Michigan: Ann Arbor.—A short theoretical course in public health nursing will be given this summer at the University of Michigan. It is open to all graduate registered nurses who are interested in the following phases of public health or social work: Red Cross Nursing, Rural Public Health Nursing, School Nursing, Infant Welfare Nursing, Industrial Nursing, Tuberculosis Nursing, County Public Health Nursing. For those who are graduates of accredited high schools as well as accredited schools for nursing, credit will be given towards the nine months certificate for public health nursing, to apply towards the degree of Bachelor of Science in Education in the four-year curriculum for public health nursing. A catalogue containing a full description of courses and other information pertaining to the Summer Session will be ready in April.

New York: The Hudson Valley League of Nursing Education will hold an Institute in the State Education Building, Albany, April 20-24, inclusive. Special emphasis is to be laid on the teaching of Practical Nursing and the correlation with other subjects in the curriculum. There will be papers and round tables of vital interest to supervisors as well as instructors and superintendents. Programs will be issued on or before April 1. To cover the expenses, a fee of $10 for the entire course, or of $2 per day will be charged. Further information may be obtained from Room 442, State Education Building, Albany.

North Carolina: The North Carolina League of Nursing Education will hold an Institute in Asheville, June 4, 5, and 6. Mary C. Wheeler, who is so well known nationally as an educator, will direct the Institute. A registration fee of $5 will be charged to cover expenses. Any one interested in the Institute may write to Catherine S. McDuffie, Highsmith Hospital, Fayetteville, N. C.

Washington: Seattle.—The University of Washington is again coöperating with the state nursing associations in having a Nurses' Institute at the University, the week of July 13. Mary C. Wheeler and Cecilia Evans will lecture on Nursing Education and Public Health nursing. Several members of the regular University faculty will also contribute to the program. A complete program will be given later. During the regular summer school, courses in Nutrition, Sociology, Psychology, and Public Hygiene will be given. These will give University credit toward a Public Health Nursing certificate.

MAY DAY—NATIONAL CHILD HEALTH DAY

Because May Day suggests the awakening of life in all growing things and a sudden blossoming forth of Nature, the American Child Health Association has chosen it as National Child Health Day. May first will be a day when adults will come together in every community to make a health audit of their children. For the children themselves, May Day will be a time when they will show what strides in health and vigor they have made.

A new emphasis has been put on healthful living. Through many channels—the school, the public health nurse, the family physician, the free dispensary, the clinic, baby welfare stations, reports of progressive life insurance companies—health knowledge has been broadcast. Folks are realizing that health is an economic and social asset.

The story of personal hygiene is told by the school nurse and is demonstrated in the homes and at the health centers by the public health nurse. No public health program is adequate without nursing service. So in making suggestions to clubs how they can function in a constructive community child health program, the Association has stressed the necessity of a whole-time nurse for the prenatal, infant and preschool age service for one year. If a club or organized group, preferably a group representing all factions in a community, assumes the responsibility of this one specific piece of work it has observed May Day in its true significance.

NATIONAL HOSPITAL DAY

National Hospital Day, celebrated on May 12, the anniversary of the birth of Florence Nightingale, has come to be not only a national but a world-wide tribute to that pioneer nurse, sanitarian, and administrator. The idea of choosing this date on which to focus the attention on his local hospital of the tax-paying, benefaction-giving, nurse-employing and hospital-using man-in-the-street was an idea born in season and it has in consequence thriven mightily.

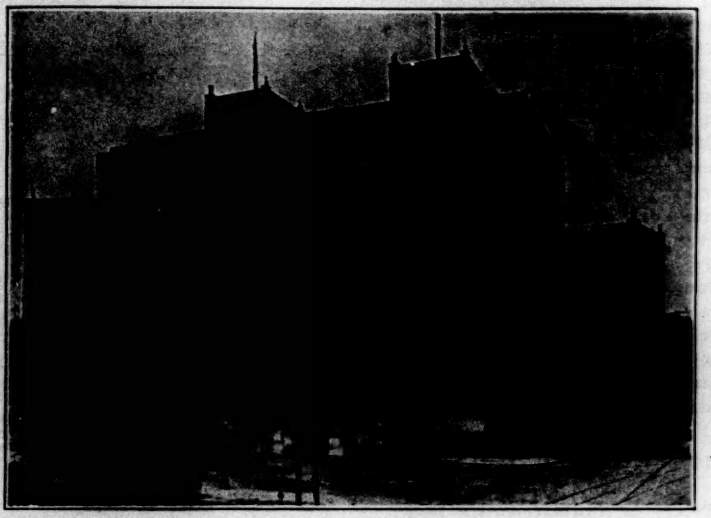
Hospitals continue to need support and understanding from their communities. Communities continue to require an intelligent understanding of the service available in their hospitals in order that maximum use may be made of the facilities provided and that they may have a more generous attitude toward them, in order to maintain standards of efficiency. The celebration of National Hospital Day, in accordance with the facilities and the needs of particular institutions, has proven of remarkable worth, Mrs. Clifford's frequent references to it in the leading article in this issue of the *Journal* being only one case in point.

Many are the ways of keeping open house to a sufficient extent to acquaint observers with important features in administration and service. Many are the ways of securing attention suggested by the National Hospital Day Committee. Use "the movies" for advance announcements. Enlist the interest of the press by giving out good stories which may be run a week or more in advance. Exhibit window displays—merchants will gladly coöperate. Persuade clergymen to make announcements from their pulpits. Hospitals which regularly publish a bulletin will find a souvenir number prepared especially for presentation to Hospital Day visitors a valuable investment. Potential student nurses may be stimulated to an active interest in nursing through the offer of a prize for the best essay on the Life of Miss Nightingale, and by a tea or other entertainment provided by the school of nursing. The history of nursing lends itself well to pageantry.

The movement for the celebration of Hospital Day, originated by Matthew O. Foley of *Hospital Management*, and generously turned over to the American Hospital Association, is this year highly organized. Dr. Martin, Director General, American College of Surgeons, and Rev. Moulinier, President Catholic Hospital Association, have accepted appointments as honorary advisory members of the National Hospital Day Committee.

C. J. Cummings, Chairman of the National Committee, urges those who celebrate Hospital Day to remember that the work is only half done when Hospital Day, no matter how brilliantly celebrated, is over.

NURSING NEWS AND ANNOUNCEMENTS



NICOLLET HOTEL, MINNEAPOLIS

THE NATIONAL LEAGUE OF NURSING EDUCATION will hold the 1925 Annual Convention in Minneapolis, Minnesota, May 25 to May 30, inclusive. The program of the convention will appear in the May *Journal*.

THE ADVISORY COUNCIL OF THE AMERICAN NURSES' ASSOCIATION will also meet in Minneapolis at the Nicollet Hotel, on May 23rd.

Arrangements.—The new Nicollet Hotel has been selected for Headquarters. The hotel is particularly well adapted for taking care of a convention entirely within its walls. The grand ballroom can accommodate 1,000 at a banquet or up to 1,200 in convention. Ample provision is made for registration, and there are many rooms available for conferences, round tables and exhibits. Therefore, all General Sessions and all Round Tables will be held under one roof.

The Nicollet Hotel is located at the Gateway on Washington Avenue, between Hennepin and Nicollet Avenues, within three blocks of both railway stations and the main shopping district of Minneapolis. There is a main dining room and a coffee shop, as well as numerous private dining rooms for group dinners and luncheons. The hotel has 600 rooms all of which are outside rooms, and every room with private or connecting bath. The rates are:

59	rooms at	$2.00
68	" "	2.50
84	" "	3.00
257	" "	3.50
41	" "	4.00
38	" "	5.00

Suites and special rooms from $6.00 to $9.00.

Reservations should be made immediately or at the earliest date possible.

Address all requests to Geo. L. Crocker, Mgr. Nicollet Hotel, Minneapolis.

Nurses who are planning to motor to Minneapolis should communicate with the Minneapolis Tourist Information Bureau, which is directly opposite the hotel. There is a large Service Garage within two short blocks.

As the convention closes on Friday, those who wish to visit the great Medical Center at Rochester may profitably do so on Saturday.

Demonstrations in Nursing Procedures will be given daily from 8 a. m. to 9 a. m. at the Minneapolis General Hospital.

The outstanding Event of the Convention will be a concert by the full Minneapolis Symphony Orchestra on Monday evening, May 25, at 8 p. m. This concert is given under the auspices of the Minnesota League in compliment to the National League of Nursing Education. Members are urged to reach Minneapolis on Monday in time to register and receive a complimentary ticket to the concert.

Of the Minneapolis Symphony Orchestra the Pittsburgh *Gazette-Times* says, "The standard of performance by the Minneapolis Orchestra last night in Syria Mosque was, we venture to say, the highest so far attained in any orchestral concert this season, and here we do not except even the visit of the Boston Orchestra." The concert in Minneapolis will be personally conducted by Henri Verbrugghen.

NATIONAL LEAGUE OF NURSING EDUCATION

TICKET OF NOMINATIONS FOR 1925

For President: Carrie M. Hall, Boston, Mass.; Mary C. Wheeler, Chicago, Ill.

For First Vice President: Mary M. Pickering, San Francisco, Calif.; Martha M. Russell, Denver, Colorado.

For Second Vice President: Mary M. Roberts, New York, N. Y.; Marion Vannier, Minneapolis, Minn.

For Secretary: Ada Belle McCleery, Evanston, Ill.; Carolyn E. Gray, Brooklyn, N. Y.

For Treasurer: Marion Rottman, Milwaukee, Wisconsin.

For Directors (four to be elected): Laura R. Logan, Chicago, Ill.; Helen Wood, Rochester, N. Y.; M. Helena McMillan, Chicago, Ill.; Helen Farnsworth, Kansas City, Mo.; E. M. Lawler, Baltimore, Md.; Effie J. Taylor, New Haven, Conn.; Isabel M. Stewart, New York, N. Y.

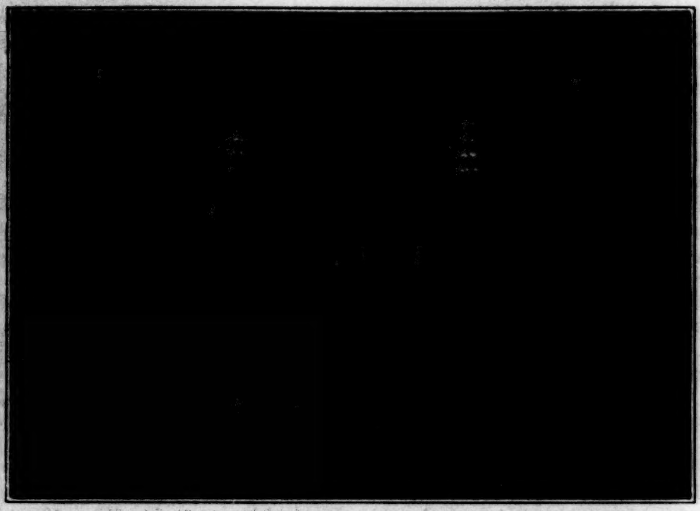
SALLY JOHNSON, *Chairman*,
MAY S. LOOMIS,
EVELYN WOOD,
ALICE L. LAKE,
MARY M. RIDDLE,
Nominating Committee.

DISTRIBUTION OF THE 1925 CALENDAR

PUBLISHED BY THE NATIONAL LEAGUE OF NURSING EDUCATION

Listed below is the distribution of the 1925 Calendar according to states. This table was prepared in response to a number of inquiries from organizations and individuals concerning the calendar sale in their respective territories. This year four thousand more Calendars were sold than last year, and over 6,000 more than the year before. The success of the sale is largely due to the sympathetic and energetic coöperation of individuals, schools of nursing and state organizations.

Alabama	23	Minnesota	520	Utah	1
Arizona	13	Mississippi	1	Vermont	3
Arkansas	21	Missouri	284	Virginia	58
California	670	Montana	3	Washington	143
Colorado	71	Nebraska	28	West Virginia	69
Connecticut	846	Nevada	6	Wisconsin	426
Delaware	1	New Hampshire	23	Wyoming	6
District of Columbia	195	New Jersey	477	Canada	8
Florida	40	New Mexico	4	England	1
Georgia	162	New York	1,886	China	1
Idaho	4	North Carolina	41	Manila, Philippines	16
Illinois	776	North Dakota	21	Honolulu	5
Indiana	339	Ohio	545	South Africa	1
Iowa	136	Oklahoma	115	Syria	1
Kansas	87	Oregon	16	Czecho Slovakia	12
Kentucky	11	Pennsylvania	1,089	Panama	1
Louisiana	108	Rhode Island	170	Poland	1
Maine	18	South Carolina	20	Alaska	1
Maryland	244	South Dakota	2	Portugal	1
Massachusetts	739	Tennessee	28	Br. West Indies	1
Michigan	315	Texas	126		



BALL ROOM, NICOLLET HOTEL

CONGRESS OF THE INTERNATIONAL COUNCIL OF NURSES, HELSINGFORS, FINLAND, JULY 20-25, 1925

The Transportation Committee appointed by the American Nurses' Association has kept in close communication with Thos. Cook & Son, the official travel bureau, and with the Cunard Steamship Company, Limited, in completing details for the trip to Helsingfors, and up to the present date sixty-one nurses are completing their bookings on the official steamer, the *Caronia*.

First class accommodations on North Sea steamers from Hull to Helsingfors have been reserved for members of the official party sailing on the *Caronia*. Many communications have been received from nurses sailing in advance of the *Caronia* on July 8th, asking to be assigned accommodation with the official party for the North Sea journey. This is a reminder that nurses sailing on the *Caronia* will have precedence over any American nurses who may happen to be in England, and those who sail in advance of the *Caronia* are urged to make suitable arrangements for reaching Helsingfors a few days in advance, otherwise there is a bare possibility that they may have to accept third class accommodations for the 48-hour journey.

It is also recommended that steamer reservations for the return voyage be secured at the earliest possible moment, for these become increasingly difficult to obtain as the season advances. Therefore, please advise Thos. Cook & Son, 585 Fifth Avenue, New York, of the steamer, the date and the port of your departure for home so that they may assist in the timely completion of your travel plans.

If there are any who have not yet made hotel reservations in Helsingers, they are advised to communicate at once with the Committee on Arrangements, Kirurgiska, Sjukhurst, Helsingfors, Finland.

THE NORTHWEST DIVISION of the American Nurses' Association will hold a meeting in Boise, Idaho, June 1 and 2.

THE NEW ENGLAND DIVISION of the American Nurses' Association will hold the 1925 convention in Boston, June 3-4-5, with headquarters at The New England Women's Club, 585 Boylston Street, Boston, Mass. The hotels within walking distance of headquarters are: The Brunswick, Copley Square, Copley-Plaza, Lenox, Vendome, Victoria and the Westminster. The Chairman of The Arrangements Committee is Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass.

THE ATLANTIC DIVISION.—A meeting, called

by the New York State Association, was held in New York City, January 17, for the purpose of organizing a Division of the American Nurses' Association. There were present the President of the American Nurses' Association, the presidents of the New York, Pennsylvania, Maryland, Delaware, New Jersey and District of Columbia associations and other representatives. All the associations represented were favorably disposed toward or had approved of such an organization. The meeting was called to order by Adda Eldredge, President of the American Nurses' Association, and on motion Mrs. Anne Hansen, President of the New York State Association, was made temporary chairman and Marie Louis, of New Jersey, Secretary. It was voted that a Division to be called the Middle Atlantic Division of the American Nurses' Association be formed and further voted that the object should be to promote friendliness among nurses and to foster interchange of thought and educational ideals. A committee of three was appointed to prepare a constitution and by-laws and it was voted that the new division should hold meetings biennially in the years alternating with those of the American Nurses' Association.

MEMBERSHIP OF THE AMERICAN NURSES' ASSOCIATION FOR 1924-1925 SHOWING INCREASE AND DECREASE

	1924	1925	Inc.	Dec.
Alabama	238	295	57	
Army School of Nursing Alumnae	201	162		39
Arkansas	217	240	23	
California	2,718	2,880	162	
Colorado	538	631	93	
Connecticut	1,277	1,315	38	
Delaware	116	113		3
Dist. of Columbia	561	746	85	
Freedmans Hospital Alumnae	32	32		
Florida	241	312	71	
Georgia	388	476	88	
Hawaii	87	79		8
Idaho	53	50		3
Illinois	2,830	3,286	456	
Indiana	964	1,170	206	
Iowa	1,137	1,237	100	
Kansas	529	528		1
Kentucky	360	479	19	
Louisiana	516	557	41	
Maine	343	341		2
Maryland	1,138	1,242	4	
Massachusetts	2,481	2,837	356	
Michigan	1,866	1,724		142
Minnesota	1,707	1,794	87	
Mississippi	70	69		1
Missouri	1,481	1,698	217	
Montana	138	150	12	
Nebraska	485	616	131	
New Hampshire	318	319	1	
New Jersey	1,337	1,377	40	
New Mexico	93	64		19
New York	8,656	8,868	212	
North Carolina	488	609	21	
North Dakota	142	202	60	
Ohio	1,798	2,545	747	
Oklahoma	292	291		1
Oregon	320	320		
Pennsylvania	5,986	6,048	62	
Rhode Island	467	494	17	
South Dakota	130	128		2
Tennessee	528	585	57	
Texas	1,007	800		207
Utah	131	164	33	
Vermont	225	222		3
Virginia	531	487		44
Washington	458	862	404	
West Virginia	227	300	73	
Wisconsin	774	781	7	
Wyoming	50	80	30	

It will be noted that the Ohio State Nurses' Association has the largest increase and this they claim was due to the membership campaign which was conducted last year.

Indiana State Nurses' Association also conducted a membership campaign which gave them a greater increase.

We have not heard from any other states as to whether membership campaigns were conducted, so that it is not possible to state whether their increases were due to such a campaign.

The following Associations have not yet submitted their membership lists for 1925: Arizona, Nevada, South Carolina and Porto Rico.

NURSES' RELIEF FUND

Report for February, 1925

Balance on hand, January 31, 1925, $18,919.12
Interest on bonds ---------- 151.25

Receipts

Arkansas: Dist. 4B, Texarkana, $10; Dist. 6A, Pine Bluff, $10; Dist. 5, Little Rock, $75; Arkansas State Nurses' Assn., $75	170.00	
California: Dist. 5, Los Angeles, $2; Dist. 7, Sacramento, $11; Dist. 9, San Francisco, $10; Dist. 12, Santa Clara, $8; Dist. 13, Santa Cruz, $5; Dist. 21, San Pedro, $9	45.00	
Colorado: Glockner Alumnae, $4; individual nurses, $5; collected at annual meeting, $8	17.00	
Kentucky: John N. Norton Memorial Infirmary Alumnae Assn., $10; Jefferson County Graduate Nurses' Club, $10; Western Dist. Assn., $50; City Hospital Training School Alum., Louisville, $25	95.00	
Maryland: Union Memorial Hosp. Alumnae Assn., Baltimore	175.00	
Massachusetts: Three individual nurses	8.82	
Michigan: Dist. 4	3.00	
Minnesota: Dist. 3, five individual members, $5; Minneapolis General Hospital Alumnae Assn., $10; Deaconess Hospital Alumnae Assn., $40	55.00	
Missouri: Missouri Baptist Sanatorium Alum. Assn., $9; Jewish Hosp. Nurses' Alum. Assn., $10; Springfield Hosp. Nurses' Alum. Assn., $15; Ensworth Nurses' Alum. Assn., (9 individuals), $9; Research Hosp. Nurses' Alum. Assn. (31 members), $31; Children's Mercy Hosp. Nurses' Assn., $10; Grace Hosp. Nurses' Alum. Assn., $9; Trinity Lutheran Hospital Nurses' Alum. Assn., $53; Dist. 1 (2 individuals), $2; Dist. 2, Kansas City, $9; Dist. 3, St. Louis, $6; Dist. 6, Kirkville, $6; Dist. 7, Columbia, $16	185.00	
New Hampshire: Elliot Hosp. Alum. Assn., $25; individual members, $10	35.00	
New Jersey: Dist. 1, Beth Israel Hosp. Alumnae, $11; Elizabeth General Hosp. Alumnae, $14; Homeopathic Hosp. Alumnae, $4; Muhlenberg Hosp. Alumnae, $66.70; Morristown Hosp. Alumnae, $6; Mountainside Hosp. Alum., $10; Newark City Hosp. Alumnae, $34; Newark Memorial Hosp. Alumnae, $9; Overlook, Hosp. Alumnae, $1; Orange Memorial, Hosp. Alumnae, $76; St. Mary's Hosp. Alumnae, $13; St. Barnabas Hosp. Alumnae, $13; St. James Hosp. Alumnae, $10; 5 individual members, $27; Dist. 2, individual member, $3; Dist. 3, 66 individual members, $75; Dist. 5, 33 individual members, $37		409.70
New York: Dist. 1, Buffalo Woman's Hosp. Alumnae, $25; Dist. 2, St. Mary's Alum., $10; Dist. 4, proceeds from souvenir program at State meeting, $480; Dist. 7, Rome Hosp. Nurses' Alumnae, $20; Utica Homeopathic Hosp. Alumnae, $3; Dist. 8, Saranac Lake, $1; Dist. 10, Ellis Hosp. Nurses' Alumnae, $25; Dist. 11, Student Body, Middletown State Homeopathic Hosp., $13.25; Graduate nurses, Middletown State Homeopathic Hosp., $15.50; Dist. 13, City Hosp., four graduate nurses, $6; Mt. Sinai, one individual, sale of jellies, $4.20; Mt. Sinai Hosp. Alumnae, $25; St. Luke's Hosp. Alumnae, $50; pupil nurses, Brooklyn Hosp. School of Nursing, $25; 2 individual nurses, $10		712.95
Washington: Dist. 9		10.00
Wisconsin: 27 individual members		40.00
Three checks lost in transit; payment stopped		45.00
Total receipts		$21,076.84

Disbursements

Paid to 58 applicants	$870.00
Office expense	2.15
Exchange on checks	.30
Transferred to American Nurses' Association	

Nurses' Relief Fund Savings Account	5,000.00
Total disbursements	5,872.45
Balance on hand, February 28, 1925	$15,204.39
Balance in savings account	5,000.00
Invested funds	81,616.14
	$101,820.53

A CORRECTION.—Through a typographical error, St. Francis' Hospital Alumnae, Colorado Springs, was credited in the March *Journal* with a contribution of $33 instead of $3.

All contributions to the Nurses' Relief Fund should be payable to the Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries, and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO MARCH 7, 1925

Previously acknowledged	$29,334.84
Delaware: State Association	5.00
Iowa: Dist. 2, $10; Dist. 9, $10; Burlington Hospital Alumnae, $5	25.00
Kentucky: Louisville and City Hospital Alumnae	10.00
New York: Rochester Homeopathic Alumnae	10.00
Pennsylvania Hospital Alumnae, Philadelphia	25.00
	$29,409.84

MARY M. RIDDLE, *Treasurer.*

Four scholarships of $250 each are offered from this Fund for the year 1925-26, to nurses wishing to prepare for teaching or executive work. The lists close on May 1st. Application blanks may be obtained from the secretary, Katharine DeWitt, Room 613, 19 West Main Street, Rochester, N. Y.

THE McISAAC LOAN FUND

REPORT TO MARCH 7, 1925

Balance, February 8, 1925	$241.84
Receipts	
Iowa: Dist. 2, $10; Dist. 9, $10; Burlington Hosp. Alumnae, $5	25.00
Massachusetts: Memorial Hosp. Alumnae, Worcester	10.00
New York: Rochester Homeopathic Alumnae	10.00
	$286.84
Disbursements	
February 12, bank charges	1.00
Balance, March 7, 1925	$285.84

MARY M. RIDDLE, *Treasurer.*

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately, payable to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

FELLOWSHIPS

There are two Isabel Hampton Robb fellowships of $700 each, available for work at Teachers College next year. Applicants must have sound college and professional training and must be specially qualified for advanced work in nursing education. One fellowship will be assigned to research in the teaching or supervision of practical nursing. Application should be made before June 1 to the Department of Nursing Education, Teachers College, New York.

ARMY NURSE CORPS

During the month of February, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Jefferson Barracks, Mo., 2nd Lieuts. Helen M. Karhu, Jennie E. Leber; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Alice Akeley, Elizabeth Kenny, Alice M. Kendrick, Emily M. McLean, Maude H. Hager, Marie L. Pace, Harriet M. Whitney, Margaret A. Wilson; to Station Hospital, Fort Sill, Oklahoma, 2nd Lieuts. Margaret Dwyer, Ora L. Mitchell; to

Walter Reed General Hospital, Washington, D.C., 2nd Lieut. Anna M. Walsh; to the Hawaiian Department, 2nd Lieuts. Clara E. Ellwanger, Annie O. Baird, Mabel Berry, Ella M. Wilson, Louise Heyen; to the Philippine Department, 2nd Lieuts. Alta Berninger, Anna L. Eckam, Marie T. Hoel, Charity Laubender, Anna E. Coffey, Vera A. Lawton, Genevieve Bergeson.

Nineteen 2nd Lieuts. have been admitted to the Army Nurse Corps and assigned to duty.

The following named, previously reported as separated from the service, have been reassigned to duty as follows: To Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Lois Hughes, Nora G. Freeman.

The following named are under orders for separation from the service: 2nd Lieuts. Adeline P. Boren, Edith F. Cudlipp, Mary U. Curran, Helen D. Hamer, Myrtle C. Nyberg, Inez T. Provost.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps.

NAVY NURSE CORPS

During the month of February seven nurses were appointed and assigned to duty at Naval hospitals.

Transfers: To Mare Island, Cal., Hospital Corps Training School, Margaret M. Welsh; to Newport, R. I., M. Nirvinia Bailey; to San Diego, Cal., Addie B. Cummings, Lilla H. Sawin.

Honorable Discharge: Katherine M. Keane.

Resignations: Celeste Messier, Henrietta J. Meyer, Elizabeth Morrow, Olive C. Hickok.

Dicharged from Inactive Status: Ruth Graham.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

The following transfers, reinstatements and new appointments have been made in the U. S. Public Health Service during the month of February, 1925:

Transfers: To Key West, Fla., Mary McSweeney, Acting chief nurse; to Mobile, Ala., Grace Craney, Acting chief nurse; to Chicago, Ill., Alma Foerster; to Stapleton, N. Y., Grace Burrow; to Norfolk, Va., Beatrice Bona; to Port Townsend, Wash., Mary E. Neylon; to San Francisco, Calif., Mary Small; to Hudson Street, New York, Theo Williamson; to New Orleans Quarantine Station, Quarantine, La., Henrietta V. Robinson, Acting chief nurse.

Reinstatements: Agnes Lynch Mahr, Anna McFadden, Aagot Hanson, Ruby Bracelin, Cora D. Hanson.

Eleven nurses were appointed and assigned to duty.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU

Nursing activities of the U. S. Veterans' Bureau for the month of February are as follows:

Seventy-two nurses were assigned to Hospital Service; one, to District Medical Service.

HOSPITAL SERVICE, *Reinstatements:* Annie Gaston, Navasa Hapner, Lucile T. Parr, Celia F. Battey, Ada V. Hill, Adele M. Stark, Nettie J. Heyer, Rhoda Halbert, Ruth M. Schott, Eula Reed.

REGIONAL OFFICE: *Reinstatement:* Louise Cramp.

HOSPITAL SERVICE: *Transfers:* To New Haven, Conn., Frances Barringer; to American Lake, Wash., Mary L. Cole; to Ft. Thomas, Ky., Crysteen Swetman; to Dwight, Ill., Mary B. Erspamer; to Memphis, Tenn., Mary H. Campbell; to Perry Point, Md., Belle Lombard; to Legion, Tex., May Griffin; to Northampton, Mass., Lula M. Bach; to Palo Alto, Calif., Nellie I. Cook.

DISTRICT MEDICAL SERVICE, *Transfers:* To Regional Office, Wichita, Kans., Charlotte Meers; to Medical Service, Ellen B. Carroll, Mae B. Johnson, Mary E. Macrae, Margaret P. Stevens.

On February 27 and 28, the U. S. Veterans' Bureau Advisory Committee of Nurses met with the U. S. Veterans' Bureau Medical Council at the Arlington Building, Washington, D. C. During the conference the following topics with reference to the nursing service were discussed by the Advisory Committee of Nurses and definite recommendations for the improvement of the nursing service were submitted to the Medical Council to be forwarded to the Director through the Medical Director.

AGENDA: ORGANIZATION OF THE ADVISORY COMMITTEE OF NURSES

1. Status of nurses in the service.
2. Since medical activities will probably last for at least sixty years, should the nurses

have a more permanent status than that afforded by the Civil Service Commission?

2. (a) At present the nurses are recruited by the Bureau for this service. Very few nurses submit applications direct to the Civil Service Commission.

3. What system of postgraduate work should be followed that we may keep step with modern nursing?

4. Is it advisable to establish in the Bureau a school of nursing?

4. (a) Offer suggestions as to the best method advisable to assist the nurses in keeping up with the progress in nursing.

5. Supervision of nurses in the field by nurse from central office. How often should supervisor visit the hospitals and regional offices and what facts should she accumulate?

6. Is regular attendance by the Superintendent of Nurses at national, state and local nursing organizations, approved as a policy?

7. Suggest a method of classifying nurses according to qualifications.

8. Suggest standard books and magazine on nursing subjects suitable for a medical library in hospitals and regional offices.

9. Suggest how we can provide the most efficient nursing care and how we can attract and hold capable nurses.

10. Discuss the working relationship between the Bureau and the Advisory Committee of Nurses.

11. Discuss the matter of specialized nursing care in tuberculosis and neuropsychiatric cases, with particular reference to follow-up.

12. Possibility of using existing nursing organizations in the various states.

13. Should the Bureau continue to develop its follow-up nursing service?

14. Discussion on our present ratio of nurses, 1 to 10. Is this number sufficient to give adequate nursing care to our beneficiaries?

15. Discussion of the standardization of the work of nurses in our regional and subregional offices.

There are fifty-two Regional Offices and in twenty-seven of these a Class A Dispensary will be conducted.

16. Is it advisable to call the nurses on duty in regional offices for conference on nursing subjects. If so, how often?

The following named nurses are members of this Advisory Committee of Nurses (as was stated in the notice of the conference): Clara D. Noyes, Lucy Minnigerode, Adda Eldredge, Elizabeth G. Fox, Julia C. Stimson, Laura R. Logan, Harriet Bailey, J. Beatrice Bowman.

MARY A. HICKEY,
Superintendent of Nurses.

INTERNATIONAL CATHOLIC GUILD OF NURSES

The retreat and annual meeting to be held at Spring Bank will be on May 31-June 3, and on June 4-6, instead of the dates previously announced, as those interfered with the meetings of the National League of Nursing Education. Those who wish to make reservations should write as soon as possible to the headquarters of the International Catholic Guild of Nurses, 124 Thirteenth Street, Milwaukee, Wis., so that they may be accommodated at Spring Bank itself. There are other accommodations to be had in the neighboring towns which will be available to the late comers.

Arizona: THE ARIZONA STATE BOARD OF NURSE EXAMINERS held a meeting in Phoenix on January 31, when the following officers were elected: President, Kathryn G. Hutchison, Tombstone; secretary-treasurer, Catherine O. Beagin, Box 248, Prescott.

Arkansas: THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold a meeting in Little Rock, for the purpose of examining applicants, May 5 and 6. Applications must be in the hands of the Secretary, fifteen days before this time. Eva Atwood, Secretary-treasurer, Springdale. **El Dorado.**—DISTRICT 7 was organized at a meeting held here on February 10, which was well attended. The State Association will meet in this city in October.

Colorado: THE COLORADO GRADUATE NURSES' ASSOCIATION held its seventh annual meeting in Pueblo, February 11-13. Officers elected are: President, May M. Carpenter, Denver; secretary, Ruth Grey, 1820 North Weber St., Colorado Springs; treasurer, Frieda Off, Denver. THE COLORADO STATE LEAGUE which met at the same time elected as officers: President, Laura Elder, Denver; secretary, May Carney, Denver. Thirteen bills were introduced in the present session of the

Legislature that in some way are directed against the nurse registration act of 1915: to abolish the state board of nurse examiners and to create another bureau to take over this work; the effect of which would be to remove responsibility from the hands of the Colorado State Graduate Nurses' Association, the organization that has always stood sponsor for the registration interests and, up to six years ago, has been considered by the governors of Colorado when appointments were to be made to this board. Inasmuch as graduate nurses train the students in schools of nursing, it is logical that graduate nurses should pass upon the qualifications of those who come up for legal license to practise the profession of nursing, an analogy for which exists in law, medicine, etc. The State Board of Nurse Examiners is a self-supporting board for all registration fees are deposited with the State Treasurer, to be kept in a separate fund to defray the expenses connected with carrying out the provisions of the act, and can only be drawn out by warrant upon the state auditor. House Bill No. 443, introduced by Mrs. Josie Jackson, to repeal the nurse act of 1915 passed second reading on February second with twenty-one (21) votes against its passage. On February third it passed second reading with twenty-eight (28) votes against it. The emergency clause was lost because those who favored its passage could not muster the required two-thirds votes. The opposition reached thirty-three (33) votes. That bill is now in the hands of the Senate and what that body does with it will determine the fate of the other eleven bills, for one, House Bill, No. 93, by Charles Bigelow, has been withdrawn.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for the registration of nurses, May 5 and 6, 1925. Applications may be had from Mary E. Graham, secretary, 1337 K Street, N. W., Washington, D. C. Applications to be returned to this office not later than April 22, 1925.

Georgia: THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold examinations for registration, April 29 and 30, in Atlanta, Macon, Augusta and Savannah. Applications should be mailed to Jane Van De Vrede, 688 Highland Avenue, Atlanta, before April 20. Jane Van De Vrede, secretary-treasurer.

Idaho: THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Boise, May 5th.

Illinois: Chicago. — Nursing organizations, including the Visiting Nurse Association, the Illinois Training School and the School of St Luke's Hospital will participate in the Woman's World Fair, April 18 to 25. The Fair will be held in the American Exposition Palace, the largest hall of its kind in the world, and exhibits will be divided into three groups: (1) Women in business, trades, professions and the arts in many countries of the world; (2) Development of women in social, civic and club organizations; (3) An exhibit of commercial products of interest to women.

Iowa: Fort Dodge.—THE EIGHTH DISTRICT held its annual meeting on January 7 at St. Joseph's Mercy Hospital. Reports were given by officers and committees. After paying all expenses for the year, the treasury had a balance of $75.73. Miss Byrne gave an excellent report of the State meeting, as did Miss O'Keefe. It was decided to pay the chairman's expenses to all state board meetings. It was decided to send $10 each to the Robb Fund and the McIsaac Fund. Sister Mary Edmunda invited all the members to attend the banquet to be given Miss Hershey when she visits the District. Officers elected are: President, Kate Byrne; secretary, Matilda Sorenson. Committees were appointed on Publicity and Press, Relief Fund and Credentials. The Sisters of the Hospital served luncheon following the meeting. The 50-bed addition to the Hospital was opened in December; this is greatly appreciated by Sisters, doctors, nurses and patients. **Ottumwa.** THE OTTUMWA HOSPITAL ALUMNAE ASSOCIATION at its January meeting elected as officers: President, Mae Newquinst; vice president, Estella M. Lane; secretary, Hannah Sundahl; treasurer, Estella Akers. On January 24, a party was given at the Nurses' Home in honor of Blanche Thompson before her departure for Texas, where she has accepted a position at the City and County Hospital, Ft. Worth. On February 11 a valentine party was enjoyed at the home of Mrs. K. C. Mowery.

Kansas: THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES

will hold an examination for state registration at the Representative Hall, State House, Topeka, May 26-27, 1925. Applications for this examination should be filed on or before May 1, 1925, with the secretary of the Board, M. Helena Hailey, 961 Brooks Avenue, Topeka.

Kentucky: The Kentucky State Board of Nurse Examiners will hold its semi-annual examination for graduate nurses in Frankfort at the State Capitol Building, May 19-20, 1925. Applications and information may be secured by writing Flora E. Keen, secretary, 115 North Main Street, Somerset.

Louisiana: The Louisiana Nurses' Board of Examiners called a meeting of the Hospital Superintendents and Directors of Schools of Nursing at the Touro Infirmary, New Orleans, on February 25, with a view of forming an organization whose object would be the exchange of ideas on hospital and nursing problems and closer coöperation. Representatives from all accredited hospitals and schools of nursing from the state were in attendance, and a stimulating meeting was held. The new organization formed is known as the Louisiana Association of Directors of Schools of Nursing. The officers are: President, Dr. John D. Spelman; vice president, Nena T. Self; secretary-treasurer, Sister Kostka.

Massachusetts: An Institute for Nurses under the auspices of the Massachusetts State League of Nursing Education was held in Boston, March 5, 6 and 7. The Institute opened Thursday morning, March 5, at the Evans Memorial Building, Massachusetts Homeopathic Hospital, Sally Johnson, State President, in the chair. The morning meetings were given over to the discussion of the subject of affiliations under the direction of Ellen C. Daly, Superintendent of Nurses, Boston City Hospital. Dr. Bancroft Beatley, assistant professor of Education, Harvard University, presented Motivation as an Aid in Teaching, followed by a discussion from the floor. At 12:30 p. m. members of the State League were luncheon guests of the Nurses' Alumnae Association of the Massachusetts Homeopathic Hospital at Vose Hall. At 2 p. m. Helen Blaisdell, instructor in Practical Nursing, Peter Bent Brigham Hospital, presented a demonstration: Correlation of Practice and Theory in Teaching a Lesson in Practical Nursing." At 4 p. m. there was a discussion of questions from the Question Box conducted by Jessie E. Catton, Chairman. Friday morning, March 6, the meeting assembled at Chauncey Hall, 585 Boylston Street, where Dr. Bancroft Beatley presented Methods of Improvement of Group Instruction, followed by discussion from the floor. At 10:45 Laboratory Methods and Technic were presented by Ada Small, Chairman, and Martha R. Smith. At 2 p. m. Bertha W. Allen, Superintendent, Newton Hospital, conducted a session on "Adapting the Standard Curriculum to the schools of nursing in Massachusetts." Betty Eicke, Helen Cleland, Frances Ladd presented papers on this subject. At 3 o'clock there was a discussion of questions in Question Box, followed by afternoon tea served by the Nurses' Alumnae Association of the New England Deaconess Hospital. Saturday morning, March 7, Bertha Harmer, Assistant Professor Yale School of Nursing, presented the subject, Records in Schools of Nursing. At 11 o'clock, Marion Parson, Theoretical Instructor, Boston City Hospital, discussed Methods of Adjusting the Class Schedule to meet the Ward Situation. A registration fee of $1 admitted nurses to the meetings of the Institute. There was a good representation of nurses from all parts of the state and the first Institute for Nurses in Massachusetts closed, having been declared a success from all standpoints. **Arlington.** — The Symmes Arlington Nurses Alumnae gave a costume party and dance at the Nurses' Home, February 14, for the benefit of the sick nurses' fund. Prizes were awarded for the best costumes. Officers for the coming year are: President, Martha P. Graves; vice president, Olivia Humphrey; secretary, Myrtle R. Rice; treasurer, Irene J. Moors; councillor, Anna E. Bourke. **Boston.**—The New England Deaconess Alumnae held their annual banquet on the evening of February 16 in the Hotel Brunswick with 70 present. The guests were Dr. Louisa Tingley, Dr. Alice Bryant, Adeliza Betts (Superintendent Emeritus), and Edna Taylor, Superintendent of Nurses. An entertainment was furnished and dancing was enjoyed. **Springfield.**—The Western Massachusetts Industrial Nurses'

CLUB held its regular monthly meeting on February 19 at the First Aid Station of the Liberty Mutual Insurance Company. Dr. James A. Seaman gave an interesting talk on Hand Infections. William Stiles spoke on Industrial Insurance.

Michigan: The State of Michigan feels signally honored in the appointment by the American Nurses' Association of Mrs. L. E. Gretter as one of the delegates to represent the United States at Helsingfors, Finland, at the meeting of the International Council of Nurses, in July. The Michigan State Nurses' Association, recognizing Mrs. Gretter as one of the founders of the association and as one of those foremost in nursing progress, has through its Board of Directors unanimously selected Mrs. Gretter as the official delegate for Michigan. The nurses of Michigan feel that it is a privilege and a pleasure to have Mrs. Gretter accept this office. They feel that her contribution to this meeting will be vital, because of her long association with the origin and development of not only the Michigan State Nurses' Association of which she was first president, but also because of her long association with the National League of Nursing Education, the National Organization for Public Health Nursing, local, state and national Red Cross work. The First District Association at a meeting held March 7, endorsed her appointment as Michigan's representative. **Ann Arbor.**—THE UNIVERSITY OF MICHIGAN NURSES' ALUMNAE ASSOCIATION is planning a reunion for June 13-15, with the following program,—June 13, Registration and a banquet at noon and in the evening; June 14, a tour through the new hospital and the new nurses' home, with tea at the nurses' home; June 15, Commencement. Any graduate who has not received a formal notice by May 15 is asked to send her name and address to Virginia Bryant, University Hospital. **Battle Creek.**—THE BATTLE CREEK DISTRICT held a meeting on February 11 followed by a banquet at the Post Tavern. Mrs. Forest Monahan, District President, presided. The speaker of the evening was R. A. Nestos, former governor of North Dakota, now a guest of the Battle Creek Sanitarium. Mrs. Monahan presented the suggestion to the Association that they take up some constructive work for the American Legion Children's Billet at Otter Lake as a help to the ex-service men and as a memorial to the association members who lost their lives in war time service. The April meeting will be held in Albion on the 8th. **Flint.**—THE FLINT DISTRICT held its February meeting on the 10th at Hurley Hospital. The President announced the chairman for the following committees,—Hospitality, Credentials, Nominating, Program, Publicity. Music was played and sung in coöperation with the Music Memory Contest being carried on by the *Flint Journal*. Nominees for state offices were chosen. A letter regarding the location of state headquarters was read, and the District approved Detroit as the place preferred. Miss Schill announced that the new nurses' home would be opened in March and that future meetings may be held there. After a social hour when the Senior students acted as hostesses, the meeting adjuorned. Changes in the by-laws will be considered at the next meeting.

Minnesota: The nurses of Minnesota are looking forward to the meeting of the National League of Nursing Education in Minneapolis, May 25 to May 30 inclusive. It has been decided to dispense with the Spring meeting of the State Association and with the Annual Institute. Instead, during the week of the convention, demonstrations in Nursing Procedures will be given daily from 8 to 9 a. m. at the Minneapolis General Hospital. One of the attractions promised for the Convention is the concert to be given on Monday evening, May 25 by the full Minneapolis Symphony Orchestra, personally conducted by Henri Verbrugghen. The concert will be complimentary to the members of the League who will receive tickets upon registration. **Minneapolis.**—THE THIRD DISTRICT held its monthly meeting, February 11. The nurses were the guests of the Alumnae of the St. Barnabas and Northwestern Hospitals. The program was especially interesting because of its centering about Red Cross activities. Olivia Peterson, state director of Red Cross Nursing Service, gave an appealing talk on that branch of the Red Cross work and told some stories of Red Cross nurses of Minnesota. Mary E. Gladwin, Minnesota Educational Director, spoke in her usual interesting manner, on what the Red Cross flag means,

and of the services that the Red Cross has rendered at home and abroad, in war or disaster. Any talk by Miss Gladwin is inspiring and every nurse must then and there have decided to become a Red Cross Nurse if she were not already one. A short musical program was given between the two addresses. Senior nurses from the various hospitals of the city had been invited and were there in goodly number. Helen Stevens, supervisor of instruction of the Visiting Nurse Association, has gone to Pittsburgh as assistant superintendent of Public Health Nursing Service in that city. She is succeeded by Jean Taylor, formerly of the Henry Street Nursing Service, New York City. THE ALUMNAE ASSOCIATION OF THE SWEDISH HOSPITAL SCHOOL OF NURSING gave an "Auld Tyme" party at the gymnasium of the Nurse's Dormitory, February 13. The nurses and their friends came dressed in 19th century costumes and the entertainment consisted of old fashioned songs and games. The Association held its regular bimonthly meeting at the assembly room of the hospital, March 4. After the business session, Rev. C. A. Wendell of the Grace Evangelical Chuch gave an illustrated astronomical lecture, at which the student nurses and hospital staff were guests. On the evening of March 2, the ASBURY HOSPITAL ALUMNAE met in the sun parlor of the Bethany Home, the guests of Cora Severson, who is Superintendent of Nurses in that institution. Lydia Keller gave a report on legislation relative to the nursing organizations which is being carried on in Minnesota at this time. After the meeting, pleasant entertainment was provided and the guests were shown through the beautiful new building. Louise Kellogg is back at the Registry after a two months' leave of absence spent in Louisiana. HILL CREST ALUMNAE elected officers at the annual meeting: President, Ethel Willcutt; vice presidents, Erma Burgess, Mrs. Mathew Nolan; treasurer, Helena Jackson; secretary, Catherine Pfeiffer. THE UNIVERSITY ALUMNAE officers are: President, Esther Andreason; vice president, Ione Corliss; secretary, Joyce Stevens; corresponding secretary, Jennie Schey; treasurer, Ingeborg Lohensgarrd. **Red Wing.**—The officers for ST. JOHN'S ALUMNAE are: President, Mayme J. Risse; vice president, Annie Jennson; secretary and treasurer, Edith Boxrud. Ten dollars was donated to the Ancker Radio Fund and $3 to the School Milk Fund. **Rochester.**—THE SIXTH DISTRICT held its regular meeting at St. Mary's Hospital, February 2. A letter of thanks was read for the $100 contributed to the Nurses' Relief Fund. An interesting talk, Keeping Up With Nursing, was given by Mrs. Idora Rose Scroggs, former President of the Oklahoma State Nurses' Association and of the Oklahoma Board of Nurse Examiners. After the business, dancing and music were enjoyed. **St. Paul.**—More than 400 nurses from St. Paul, Minneapolis, Red Wing, Stillwater and Faribault had the privilege, during February and March, of attending a course of lectures on Teaching, by Mary E. Gladwin, Director of Nursing Education. Miss Gladwin imparts to her audience her own enthusiasm, and real interest in the education of the nurse. Those having the course in charge regret that all of the nurses in the state could not have the benefit of the lectures. Miss Gladwin goes to Moose Jaw, Saskatchewan, Canada, to give three addresses at the institute there on April 16th to 18th. At the annual meeting of ST. LUKE'S ALUMNAE the following officers were elected: President, Margaret MacGregor; vice president, Julia Felix; secretary, Inez Staley; treasurer, Viola Wilson. The officers for ST. JOHN'S ALUMNAE are: President, Frieda Dostert; vice president, Maud Jenkins; treasurer, Anna Gutz; secretary, Hazelle Johnson; assistant secretary, Rosina Pape. The officers for ST. PAUL ALUMNAE are: President, Olga Larson; treasurer, Esther Larson; secretary, Pearl Blomquist; vice president, Pauline Storla.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold examination for nurses, May 11 and 12, 1925, simultaneously in St. Louis and Kansas City. For application, candidates should write to the Secretary of the Board, Jannett G. Flanagan, 529-a East High Street, Jefferson City, or apply to their own schools of nursing.

New Hampshire: THE GRADUATE NURSES' ASSOCIATION of New Hampshire held its quarterly meeting at the Women's Memorial Hospital, Concord, March 11. The morning session was devoted to the League of Nursing Education, the Private Duty Nurses' League and the Public Health Nurses. The

general meeting was held in the afternoon, opened with reading of the Lord's Prayer. Doctor Bugbee, Superintendent of the Hospital, welcomed the members. An interesting paper on State Registration was read by Anna C. Lockerby, of Hanover. Grace Williams, graduate of the Eliot Hospital, Manchester, gave an illustrated talk on Posture. Miss Williams is a member of the Boston District Nursing Association; she supervises a class in posture at the Massachusetts General. **Concord.**—The Sacred Heart Hospital Alumnae Association held its annual meeting at the Nurses' Home. The new by-laws were read and general business was transacted. Officers elected are: President, Mrs. Maud Jenkins; vice president, Mary Lee; secretary, Mary Holland; treasurer, Annie Hayes. Members were appointed to the Program and Nominating Committees. A vote of thanks was given the retiring president, Mrs. Mary Davis. A social hour following the meeting. This will be a part of the meeting hereafter.

New Jersey: The New Jersey State Board of Examiners of Nurses changed its address on April 1, from Room 302, McFadden Building, Hackensack, to 42 Bleeker Street, Newark. The State Nurses' Association will hold a meeting in Trenton on April 3.

New Mexico: The New Mexico State Nurses' Association will hold its annual meeting, April 25, at St. Joseph's Sanatorium,

New York: A Correction.—An item in the February *Journal* stated incorrectly that Harriet Bailey had joined the Board of Nurse Examiners. Instead, her appointment is to the staff of inspectors under the Department of Education, for temporary work. The New York State League of Nursing Education, Section I, held its third annual institute in February, with a registration of 375. Helen Young, President, called attention to the purpose of the institute which was to emphasize the importance of understanding the psychology of teaching. "Psychological Principles Involved in Lesson Planning" was presented by Maude Muse, Instructor in Nursing Education, Teachers College, who emphasized the importance of lesson planning and stressed the necessity for evaluation and selection of subject matter according to the needs of the class and to related courses. "Teaching Through the Use of Case Records," by Bertha Harmer, Yale School of Nursing, brought out the fact that it is hoped by teaching the students to study the patients not only from the physical aspect but also from the mental and social viewpoint, an improved nursing service and better educational methods may be formulated. One case study record is required from each student weekly and monthly experience records are handed in to the head nurse for criticism each week. Dr. A. S. Blumgarten, author of Materia Medica for Nurses, made a very interesting contribution in discussing "Endocrinology and Its Application to General Medicine." The lecturer illustrated his points by describing special cases; photographs of cases in which certain glands were dominant were passed around. Dr. William Tracy, Presbyterian Hospital, spoke on "Prophylactic Dental Service for Student Nurses and Patients in the Hospital." Two lectures a year are given to the student nurses on dentition and the care of the mouth. The students are examined twice a year, the teeth cleaned and polished and any necessary X-ray taken. In cases where treatment is needed the student is referred to her own dentist. An oral chart for each student is sent to the office of the Director of the School of Nursing. On the second day, "The Treatment of Metabolic Cases in the Hospital and the Dispensary" was the subject of an interesting lecture given by Dr. George Baehr, Mt. Sinai Hospital. The lecturer emphasized the importance of individual study and treatment of the patient. He said that feeding the sick adequately constituted 50 per cent. of all treatment, but the subject did not receive sufficient attention in medical and nursing schools. Bertha Wood, Supervising Dietitian of Mt. Sinai Hospital, presented "Special Menus for Metabolic Cases." Food prescriptions are sent to the diet kitchen, the patients' tastes being consulted as far as possible; notation is made on the prescription of the patients' likes and dislikes. Return slips showing the kind and amount of uneaten food are sent to the wards and to private floors from the diet kitchen thus enabling an accurate account to be kept of the patients' food intake. Out-patients are visited by a social service worker; they are given a little booklet in which they keep a record of what they

eat. Elizabeth Greener, Mt. Sinai Hospital, spoke on: "Records for Schools of Nursing." She stated that at present about 30 records are needed for each student. To take adequate care of the records of a school of 200 students requires two full time workers with the assistance of the superintendent of nurses. The cost of record keeping should receive considerable attention; including the initial cost of the records, cost of filing cases, salaries of clerks, and provision made for office space of workers and files. It is rarely that a hospital board realizes the time and expense involved in this essential piece of work. The third day, 215 members and visitors assembled at Bellevue to hear Mary T. Whitley, of Teachers' College, on the topic: "Teaching Students How to Study." Miss Whitley stressed the importance of a visual outline in the presentation of new subject matter by the teacher. The aids to study were taken up from the physical, the mental and the emotional aspects. The physical condition of the student especially with regard to avoidance of fatigue must be considered; time and place for study must be suitable. The emotional attitude of the student must be one of confidence. The students' interest should be aroused and sustained by aids to study. This is done best by making the student study with a purpose and to formulate good study habits. The teacher should stimulate the coöperation of the students by supplementing and illustrating the subject matter by diagrams, demonstrations, cross connection, etc. In giving reading assignments, the use of the table of contents and index should be emphasized, the importance of note taking in outline form should be stressed and the student taught to compare and evaluate the treatment of a given subject by different authors. Dr. William H. Park gave a most instructive lecture on: "Application of Serum Therapy and Immunity Tests." Dr. Shirley W. Wynne followed with the subject: "Aseptic Nursing in Communicable Diseases." The Department of Health is making special arrangements at the Willard Parker Hospital to conduct a postgraduate course in the care of communicable diseases, and in future department of health examinations, special credit will be given to public health nurses who have had this training. The last day of the institute was spent in observing regular classes which were conducted in six different schools of nursing. Special excursions were also arranged to visit new hospital departments and clinics.

Brooklyn.—The Kings County Hospital Alumnae Association held its annual meeting on January 20 at the Nurses' Home. The following officers were elected: President, Edith Cook; vice presidents, Helen Kinlack, Helen McCormack; secretary, Mrs. Mary E. O'Malley; treasurer, Lucy Treadway. The association is issuing a quarterly bulletin, beginning in January. Jean Martin White is editor, and Violette Platt, associate editor. Any news items or articles of interest to nurses will be gladly received by Miss Platt at 224 Lincoln Place, Brooklyn. **Buffalo.**—At the January meeting of District 1, the Seniors of the various schools of nursing entertained the members so successfully that the District members feel that they will have to work hard to do as well in entertaining the graduating classes. At a recent meeting of the District, Doctor Capen of the University spoke hopefully of the progress of the nursing profession, although he felt that like the teaching profession, it had not reached a full professional status, due to the great variation in standards of nursing education. Graduates of the Millard Fillmore School of Nursing are reported as follows: Marion Fox holds an office position; Ethel Ovenstone and Marjorie Kehr are doing laboratory work; Clara Ruhlman is an industrial nurse; Margaret Wakefield and Beulah Barry have hospital positions in Phoenix, Arizona. Anne E. Nicol, Buffalo General graduate, has been with the Grenfell Mission for two years. She is now to be Superintendent of the Twilingate Hospital. **Ithaca.**—The Ithaca City Hospital Alumnae gave a stunt party at Delano Hall, January 22. Music and refreshments followed the stunts. At the annual meeting of the Association, held in January, officers were elected as follows: President, Mrs. Ann Ludlow; vice president, Rose McCarthy; secretary, Gladys Metzgar; corresponding secretary, Bernice Stoughton; treasurer, Frances Tyrrell. Laura Head has been appointed a district nurse in Ithaca. **New York.**—The New York Counties' Registered Nurses' Association, District 13, held its annual meeting at the Central Club, March 3,

and elected the following officers: President, Elizabeth C. Burgess; vice president, Mary B. Dowling; recording secretary, Mary Rust; corresponding secretary, Josephine L. Munro; treasurer, Catherine Steele; directors, Beatrice M. Bamber, Edith Benn. Annie McDougall is to fill the unexpired term of Elizabeth Brackett. Commencement exercises for the Mt. Sinia Hospital School of Nursing were held in Blumenthal Auditorium, March 6. There were 77 members in the class. **Rochester.**—When the new School of Nursing opens at the University of Rochester next September, two courses will be offered: —the regular course which will be covered in twenty-eight months, and a five year course leading to a Bachelor of Science degree in nursing as well as the nursing diploma required for state registration. The entrance requirements for both courses will be the same as for the College of Arts and Science. In the five-year course, the student will spend the first three years in the University following prescribed courses. During the last two years she will take the regular junior and senior work in the School of Nursing. The science work of the preliminary term of the regular course will be conducted in the class rooms and laboratories of the new School of Medicine and Dentistry founded by gifts from the Rockefeller Foundation and George Eastman. The Genesee Valley Nurses' Association held its February meeting at the Club House. Bishop Ferris gave an earnest and helpful address. The school nurses were hostesses.

North Carolina: The North Carolina State Board of Nurse Examiners will hold examinations in Raleigh, April 16, 17 and 18. Application blanks may be procured from Mrs. Z V. Conyers, Greensboro, N. C. The State Nurses' Association will hold its annual meeting in Asheville, June 2, 3 and 4. After the regular sessions an institute for private nurses will be given. A small fee will be charged. One of the prominent educators in the profession will conduct the classes. It is hoped that many nurses will avail themselves of this great opportunity to learn some of the advanced methods of bedside nursing. **Asheville.**—District No. 1 gave a Bridge party at the New Battery Park Hotel. Forty-eight tables were sold and many handsome prizes were donated. Quite a large sum of money was realized by the Relief Fund Committee under whose auspices the party was conducted.

North Dakota: The North Dakota State Nurses' Association will hold its annual meeting in Bismarck, April 28 and 29. Dr. Caroline Hedger, of Chicago, will be the leading speaker. A rich and varied program has been prepared and a large attendance is expected. Sectional conferences will be held the first afternoon which will be of special help to the various groups, The State League of Nursing Education will hold its annual meeting on Monday, April 27. All training school heads are most cordially invited and urged to attend.

Ohio: The Ohio State Association of Graduate Nurses will hold its annual meeting in Toledo, April 28-30. **Athens.**—The newly organized Fourteenth District held a regular meeting at the Ohio University Hospital, February 14. This was the third regular meeting and the first one held without the assistance of the State Secretary, Mrs. Elizabeth August. The District will be proud to be represented at the State meeting in Toledo by its President, Elsie Druggan. **Lima.**—St. Rita's Alumnae entertained seventeen members of the class of 1925 on February 16, at the Argonne Hotel. The Alumnae Association was organized two years ago and has grown from eleven members to forty. Officers are: President, Emma E. Reithman; vice president, Marie Cooney; secretary, Henrietta Reithman; treasurer, Josephine Kerman. **Cincinnati.**—District 8 held a meeting at the Nurses' Home of Christ Hospital, February 23. A clever play was given by the students of the school. Mrs. Norma Selbert of the Ohio State University gave an interesting talk on The Trend of Public Health Nursing. The Alumnae of Christ Hospital were hostesses. The Public Health Section held a luncheon meeting, March 5. Miss Phesenden, Physical Director of the children in the blind and conservation of vision classes, gave a very fine talk on the work that is being done for these children. The Alumnae Association of the Jewish Hospital School for Nurses held a called meeting on March 6. Mrs. Nell Bohanan, Chairman of the committee for the annual card party reported that $1,150 had been realized from this affair.

Emma Ardill donated a handsome hand-made Hope Chest, which netted about $250. It was decided that part of the money be used for a memorial from the Alumnae to the Nurses' Home, the remainder for the Scholarship Fund. The members of the other Alumnae Associations and the Senior Class of the Jewish Hospital Training School were invited to the regular monthly meeting of the Jewish Hospital Alumnae. Lota V. Lorimer of the State Department of Health gave a most inspiring talk on "Organization."

Oregon: Eugene.—District 5, at its January meeting, heard an interesting talk on Sinus Infections by Doctor Bogan. Mrs. Hilliard, District President, visited Salem in an effort to help defeat a proposed amendment to the Nurse Practice Act. Grace Phelps, President of the State Association, has been visiting the District, visiting hospitals and conferring with District officers. Eugene is, at the present time, blessed with an over supply of nurses. **Portland.**—The Nurses' Study Club met at the Multnomah Hotel, February 16. Edmund S. Conklin, Ph.D., gave a very instructive talk on Psychoanalysis. Elnora Thomson, Director Far Western Extension Office, American Child Health Association, gave a talk on Mental Hygiene, in the Child Health Program, at the Social Worker's Luncheon, February 18. Grace Phelps, President of the State Nurses' Association, gave an educational talk to the Senior Class of St. Vincent's School, on Nursing Organizations. The Student Nurses of that School gave a St. Valentine's Party, on the evening of the 14th. Wonderful puzzles and wonderful refreshments, gave every nurse a real good time.

Pennsylvania: The Pennsylvania State Board of Examiners for Registration of Nurses will shortly remove its offices from Philadelphia, where they have been since the organization of the Board in 1909, to Harrisburg. By legislative enactment in 1923, the Board was placed under the Department of Public Instruction; it is believed that closer relations between the Department and the Board will advance the interests of nursing education and make future development possible. The date of removal and place will be announced later. **Allentown.**—The regular meeting of the Nurses' Alumnae Association of the Allentown Hospital was held on February 2. Copies of the revised by-laws of the Association were distributed. These have been mailed by the secretary, also a calendar of events for the next six months, to those who were not present. The President, Edith Davis, was hostess at a delightful social hour which followed. Plans for the meeting of District No. 2 to be held in the Nurses College of the Allentown Hospital, March 21, were discussed at the regular meeting, March 2. It was decided to purchase necessary articles for the Association rooms in the hospital. After the meeting the Alumnae members were guests of the nursing staff of the hospital, when an interesting demonstration of the various stages in nursing was given. A musical program followed. The farce comedy, The Bashful Mr. Bobbs, recently presented by the senior nurses of the Hospital was decidedly successful, so much so that after numerous requests it will be repeated. Proceeds of the play will be used for the senior year book. **Altoona.**—The New Nurses' Home of the Altoona Hospital was opened on January 10. The general furnishing was done by the Ladies' Auxiliary; the Nurses' Alumnae Association furnished the kitchen, the dressing room, and twenty lockers for graduate nurses. It is now raising funds for a baby grand piano. The Fifth District Association met in the Nurses' Home on January 23, with a large attendance. Dr. James S. Taylor gave a good address on Obstetrical Nursing. A social hour followed. **Oil City.**—The Oil City Hospital School for Nurses admitted eleven students to their preliminary class, March 1. On March 7 a dancing party was given the new class and their friends by the other students of their school at the Nurses' Home. The Alumnae Association, at its annual meeting in December, elected the following officers for 1925: Grace Maul, president; Jessie Kinch, vice president; Anna E. Berry, secretary; Mary Austin, treasurer. The Alumnae held their annual banquet at the Arlington Hotel on March 4. **Philadelphia.**—The Samaritan Hospital Alumnae held a meeting on February 21 which was largely attended. The bazaar netted over $1000. Plans for the second annual banquet were made, date selected May 23, the 1925 graduat-

ing class to be the guests. Amendments to the Rules governing Sick Room and Register were passed. Furnishings for the new room were discussed. Six new members were elected. Several non-resident members were present for the first time for several years. A letter was read from Mrs. John Hettrich, *nee* Esther Eves, class of 1919, a former clinic nurse and anaesthetist. Owing to poor health she has been unable to take her place among the members for several years. It is hoped she may soon recover her health. She is at present a patient at White Haven. THE ALUMNAE ASSOCIATION OF THE JOSEPH PRICE HOSPITAL held its regular monthly meeting on January 9. The officers elected for the year were: President, Mrs. Guy B. Wheeler; vice president, Mrs. Wm. E. Wark; secretary-treasurer, Mrs. W. C. Somers. The meeting was followed by the annual banquet, attended by about thirty members, which is a very popular function. **Pittsburgh.**—At the March meeting of the NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL, held at the hospital, the members had the pleasure of hearing one of their own members, Mary Bauer, recently returned from Africa, give a report of her work as a missionary nurse. All present were convinced that this is another field where a nurses' training is a most invaluable foundation for a life's work. Miss Bauer returns to Africa in July to resume her duties. After the members present had deluged Miss Bauer with questions, the Arrangements Committee took charge of the meeting for a very pleasant social hour. MERCY HOSPITAL ALUMNAE have elected as officers for the year: President, Nell Guthrie; vice presidents, Alma Davis, Catherine Hehr; secretary, Mary E. Walton; treasurer, Mae Murphy. On February 12 a most enjoyable social meeting was held, when a miscellaneous shower was given for Catherine E. Quigley who has been very active in the work of the association. On March 28, a talk was given by Dr. G. C. Weil on Nitrous Oxid Anesthesia. THE ALUMNAE ASSOCIATION OF ST. FRANCIS HOSPITAL held its annual meeting on January 28, about 40 members being present, and 8 new members accepted. The following officers were chosen: President, Mary Timmins; vice presidents, Clara White, Evelyn Conroy; secretary, Alice Cain; treasurer, Katherine Lordan. A social hour followed. The annual meeting of the NURSES' ALUMNAE ASSOCIATION OF THE SOUTH SIDE HOSPITAL was held in the Nurses' Home, January 8. The meeting was well attended. The officers elected for the coming year are: President, Thelma Caldwell; vice president, Doris Cuthbert; secretary, Mrs. Jennie Heston; treasurer, Margaret Schoemaker. A benefit card party was held January 13, and over $200 realized. This money will start a fund for an endowed room.

Rhode Island: Pawtucket.—THE MEMORIAL HOSPITAL NURSES' ALUMNAE ASSOCIATION at its February meeting elected officers for the year 1925 as follows: President, Muriel Eales; vice president, Dorothy Sanborn; corresponding secretary, Beatrice Salt; recording secretary, Lena Hainsworth; treasurer, Flora Ernst. **Providence.**—THE RHODE ISLAND NURSES' ALUMNAE ASSOCIATION held its monthly meeting at the nurses' home on February 24. The speaker was Alice Hunt, vice president of the Rhode Island League of Women Voters, who spoke on the League of Nations and told of her experiences at the Geneva Conference. A social hour followed. A meeting of the Finance Committee of ST. JOSEPH'S HOSPITAL NURSES' ALUMNAE was held on March 2 at the Nurses' Home. This Committee consists of a representative of each class graduated for the past 22 years, the aim being to raise funds for the endowed bed for nurses at the Hospital. **Woonsocket.**—Margaret Dearness comes from Portland, Maine, to be Superintendent of the Training School of Woonsocket Hospital of which Lucy C. Ayers is Superintendent.

South Dakota: Madison.—THE NEW MADISON HOSPITAL ALUMNAE ASSOCIATION held its quarterly meeting at the Hospital, when a short business session was followed by a program and a social hour. The annual meeting will be held in June, when election of officers will take place. **Mitchell.**—DISTRICT 2 held a meeting on January 20 with an attendance of 45. Luncheon was served at the Y. W. C. A. building followed by a program of music, readings, a talk on Attitude of Nurse Towards Patient and Doctor, by B. A. Bob, M.D.; a lecture on Diabetes by Doctor Willy; a paper, Private Duty, by Miss Leedy; and a talk by the President,

Mabel Woods. A short business session was held, followed by an open forum led by Beth Olson. The annual meeting will be held in Sioux Falls in May.

Texas: The Graduate Nurses' Association of Texas will hold its eighteenth annual meeting in San Antonio, May 6-8. The Texas League of Nursing Education and the Texas Organization of Public Health Nursing will meet at the same time. **Houston.**—The Ninth District held a meeting on February 5, and enjoyed a talk by Dr. Ethel Lyons Heard, and a paper by Miss Burlingame. On February 23, a concert was enjoyed at the Scottish Rite Cathedral. The meeting on March 5 was held at the Y. W. C. A. at which Doctor Flickwir spoke. The April meeting will be held on the second at the Eye, Ear and Throat Hospital. Doctor Logue will speak. **San Antonio.**—District 8 held its March meeting in the newly opened rooms of the Department of Metabolism. An interesting program was arranged and much enjoyed. Much enthusiasm was shown in preparation for the State meeting. A social hour followed.

Virginia: Danville. — The Danville Graduate Nurses' Club, in order to help raise its proportionate part of the funds to establish a chair of nursing at the University of Virginia at Charlottesville, has recently given a bridge benefit. It was held in the Wednesday Club rooms on February 21. The Danville public, much interested in this cause and in the Nurses' Club also, loyally supported the movement, enabling the organization to clear $125 on the afternoon's entertainment. This made it possible for the Club to send in to the Endowment Fund $1,000.00 of its quota.

Washington: The Washington State Association will hold its annual meeting in Walla Walla, May 27-29. **Seattle.**—Dr. Lester Palmer, Virginia Mason Hospital, gave a course of four lectures to the nurses of District 2, on Diabetes,—Need, Administration and Effect of Insulin. The lectures were most interesting and instructive, giving a clear picture of the beginning and onset of the disease, and its control by the administration of insulin. At the regular meeting of King County Association, 2nd District, March 2, Dr. Ambrose Bailey, President of the local White Cross Association, lectured on Dope Traffic, covering the work of the Association from the time of its organization in 1919, to the struggle at the Geneva Conference. The high light of it all, was the great need of the awakening of the conscience of the masses in the different countries, so that they will demand that their representatives coöperate with every other country, in doing away with the shipping of raw opium, or maybe the growth of the poppy.

Wisconsin: Third District, Madison.—The Madison General Hospital Alumnae held its annual meeting, January 15. The following officers were elected: President, Minnie Reppew; secretary, Othelia Dahl; treasurer, Helen B. Smith. **Fourth and Fifth District, Milwaukee.**—The District Association held a meeting on February 10, with the Columbia Hospital Alumnae as hostesses. E. Postel gave an interesting talk on the efficiency program of the State institutions. Agnes Martin who has been Superintendent of Nurses of the Milwaukee Health Department for several years has resigned her position to take a similar one in Syracuse, N. Y. Miss Martin who has been very active in all phases of organization work in Wisconsin will be much missed in the State and every member wishes her success in her new undertaking. Helen O'Neil of the Marquette Hospital Alumnae has been appointed Chief Nurse of Reserve Medical Unit 109 of the United States Army. The Unit is being organized by the Marquette University. The Columbia Hospital Alumnae held their annual meeting on January 5 and elected: President, Hazel Dunning; vice president, Edith Turney; secretary, Eva Kingelin; treasurer, Violet Drummond. The Association held a dance and bridge party on February 18 for the purpose of raising funds for sending to the International Council in Finland one of its members who is a native of that land. **Seventh District.**—Two new alumnae have recently been welcomed into the District, the Grandview Hospital of La Crosse and the Prairie-du-Chien Hospital. Following are the names of the newly elected officers of the La Crosse Hospital Alumnae Association: President, Emma Zeratsky; secretary, Esther Gassert; treasurer, Dorothy Smith.

MARRIAGES

Alta Burch (class of 1924, Ithaca City Hospital, Ithaca, N. Y.), to Merle Lee, February 2. At home, Ithaca.

Lillian Falkenstein (graduate of the Samaritan Hospital, Philadelphia), to Elwood Cunningham.

Mary C. Gaydeski (class of 1915, Douglas County Hospital, Omaha, Neb.), to John T. Swazek. At home, Long Beach, Calif.

Fay Hepler (class of 1921, Allegheny General Hospital, Pittsburgh, Pa.), to Frederick Hamilton, February 18. At home, Corry, Pa.

Frieda I. Hohn (class of 1916, Lankenau Hospital, Philadelphia), to Floyd A. Dimas, February 18. At home, Detroit, Mich.

Edna L. Kinum (class of 1922, Rochester General Hospital, Rochester, N. Y.), to Fred N. Finch, January 31. At home, St. Johnsville, N. Y.

Catherine E. Quigley (Mercy Hospital, Pittsburgh, Pa.), to Albert Carl Gustafson, February 19.

Bernice Riddle (class of 1923, Jane Case Hospital, Ostrander, Ohio), to Robert Murphy, February 14. At home, Marion, O.

Mrs. Gertrude M. Stowell (class of 1917, Ithaca City Hospital, Ithaca, N. Y.), to Shirley Davis, February 4. At home, Salem, N. J.

DEATHS

Ida Bell (one of the earliest graduates of the Pennsylvania Hospital, Philadelphia), on November 14, 1924, in the Episcopal Hospital. Miss Bell had always kept up her interest in the Alumnae Association.

Mrs. Morris W. Rudderow (**Mary Cameron**, class of 1904, Presbyterian Hospital, Philadelphia), on March 1. The Alumnae Association has lost a faithful member.

Eleanor Carruthers (class of 1920, Orange Memorial Hospital, Orange, N. J.), suddenly, of heart trouble on February 20. Miss Carruthers had been office nurse to Dr. Linn Emerson from the time of her graduation; she was a very promising young nurse.

Olive N. Clarke (class of 1924, Grace Hospital, Detroit, Mich), on January 27, of streptococcus infection. Following her graduation, Miss Clarke accepted a position as supervisor of the Surgical Division where she showed exceptional ability. She possessed a lovable personality and an unusually sunny disposition which endeared her to all.

J. May Colp (class of 1909, Presbyterian Hospital, Philadelphia), on February 18. Miss Colp was a private duty nurse and most faithful to her profession. She will be greatly missed.

Eliza J. Dadmun, M.D. (class of 1892, Massachusetts General Hospital, and of 1901, Tufts Medical College), on February 14. Doctor Dadmun was a Spanish-American War nurse, stationed at Fortress Monroe, Va. She was examining physician for the public schools of Boston, 1911-1915, the first woman to be so appointed.

Anna M. Grazio (student nurse, Pottstown Hospital, Pottstown, Pa.), on March 8. Miss Grazio was returning to the hospital with another student nurse, when they were run down by an automobile.

Mary A. Horrigan (class of 1915, North Adams Hospital, North Adams, Mass.), on October 31, 1924. Miss Horrigan was a member of the Alumnae Association of her School.

Eva Huber (class of 1900, Pennsylvania Hospital, Philadelphia), recently, at her home in Pennsgrove, N. J. Miss Huber had been called home to care for a sister ill with pneumonia, and after ten days was herself stricken with the disease and died after thirty-six hours. Miss Huber was a nurse of high principles, who had served long and faithfully. At one time she was Superintendent of Nurses at the Conemaugh Valley Hospital, Johnstown. Of late years she had been housekeeper in her home hospital and since 1920 she had been matron of the Nurses' Home. She will be greatly missed by all who knew her.

Mrs. Robert H. Baker (**Rose Koenig**, class of 1909, Allegheny General Hospital, Pittsburgh, Pa.), at her home, Champaign, Ill., February 2, after a week's illness of pneumonia. Mrs. Baker was considered a splendid mother and has been taken from life when her son and daughter are at the age where they need her guidance. Her death comes as a great shock to her many nurse friends.

Mrs. Harry Segar (**Louise Lehr**, class of 1911, Hackensack Hospital School of Nursing, Hackensack, N. J.), on February 20, after an illness of several months. Mrs. Segar was in charge of the Women's Wards of the Hackensack Hospital, during the years of 1915 and 1916. She served with the American Red

Cross, overseas, in the Army Nurse Corps of the World War. She was a capable conscientious nurse, highly respected by all who came in contact with her. Service were held from her late home, Kenoza Lake, N. Y.

Sarah Jane McKenzie (graduate of the Public General Hospital, Chatham, Ontario), at Whitehall, Wisconsin, February 2, following an operation. After graduation, Miss McKenzie did private duty nursing in Detroit for a few months, then took a position as assistant chief nurse in the Wyoming General Hospital, Rock Springs, Wyoming. Shortly afterwards, upon the resignation of Miss Haviland, also a Chatham nurse, she became chief nurse which position she held until 1901, when she was asked to take charge of St. John's Hospital Training School, Cheyenne, which position she held until 1923. She took postgraduate work in 1904, in the Methodist Hospital, Brooklyn, N. Y.; and in 1916, a course in public health nursing in Milwaukee, Wis. From 1901 until 1923, Miss McKenzie served as efficient matron, superintendent and instructor of St. John's Training School, graduating many classes. In 1921, St. John's Hospital was torn down, a section at a time, and the beautiful new Memorial Hospital was built. This hospital is dedicated to the memory of Frances Warren Pershing, wife of General John Pershing. During its construction Miss McKenzie gave untiringly of her time, talent and finances to see her life's dream realized. So unceasingly had she toiled that when the task was completed she was compelled to relax her efforts and seek complete rest at her old home in Canada. In 1924, she was urged to accept the position of Superintendent at the Whitehall General Hospital, Whitehall, Wis., where she served until her death. During her residence in Wyoming she served for many years as President of the Nurses' Examining Board and she was one of the first officers in the State Association. An editorial in a Cheyenne paper expressed the gratitude of the community for her efforts: "Few who contemplate Memorial Hospital appreciate that to her more than to any other—even more than to those who so generously financed its construction, of whom she was one—is due the community's possession of this splendid institution. She had the vision of it before any other, she inspired the project of construction, she labored indefatigably throughout years of discouragement until her vision had become concrete reality.

Rose L. Mayhall (class of 1918, Aberdeen General Hospital, Aberdeen, Wash.), February 13, at Edgecliff Sanatorium, Spokane, Wash. Miss Mayhall was a Red Cross Nurse, and would have been a service nurse, but she was taken sick just at that time, and has been a brave soldier in the losing fight ever since.

Mary Murphy, on February 9, at her home in Battle Creek, Michigan. Miss Murphy was a charter member of the Battle Creek District Nurses' Association, she was active and interested in all affairs concerning nurses. She will be greatly missed by her many friends in the association.

Ethel Mae Riegel (class of 1914, Germantown Dispensary and Hospital, Philadelphia), on February 6, in the Hospital, after an illness of only a few days with pneumonia. A very keen loss is felt by all who knew her; her beautiful character is a lasting memory in the nursing world.

Mrs. R. D. Hopkinson (**Florence Savage**, class of 1913, Pennsylvania Hospital, Philadelphia), at her home in Jenkintown, Pa., on December 17, 1924, of pneumonia. In addition to her home cares, Mrs. Hopkinson found time for continuing her activities in the nursing world.

Ruth Schoonover, suddenly, on March 3, at Yakima, Wash. Miss Schoonover's work as a public health nurse was efficient and was characterized by an unusually fine spirit.

Sister Mary Jacquelina, O.S.F. (graduate of St. Agnes Hospital, Philadelphia), on February 26, in St. Joseph's Hospital, Providence, R. I., of pneumonia and cardiac failure. Sister Mary Jacquelina was actively engaged in professional work at the time she was taken ill. She had been night superintendent at St. Joseph's Hospital for sixteen years, where her tender ministrations endeared her to all her professional associates and her patients. Particularly was she beloved by the poor to whom she ministered with sympathy and affection. Those who knew her well stress the fact that she was qualified both by training and temperament for the services to which she dedicated her life. Her associates feel that they have lost a true and devoted nurse.

BOOK REVIEWS

A Textbook of Pathology for Nurses. By A. V. St. George, M.D. 228 pages. Illustrated. The Macmillan Company, New York. Price, $1.75.

The nursing profession welcomes this splendid little textbook on the subject which has not heretofore been prepared in a convenient form. It fulfills admirably its purpose to "give the nurse a comprehensive view of the major pathologic processes in simple form," and we feel sure that the nurse who understands the principal causes of disease and the nature of disease processes "will be able to observe and interpret symptoms and apply treatment more intelligently."

The first part of the book deals with general considerations of the reaction of the body to bacteria and injury of any kind, changes in the body fluids and cells as a result of these injuries, and the processes of repair and new and compensatory growths.

Then the most important diseases of the different systems of the body are briefly discussed. The specific injuries caused by mechanical means, chemicals, bacteria and parasitic infections are taken up. The deficiency diseases and diseases of the ductless glands are also considered as well as tumors and their classification. The last chapter on clinical pathology is a valuable addition though frequently included in another course. Since our literature on this subject is rather limited we wish this were fuller.

The style of the book is clear and terse,—free from cumbersome explanations and too technical language. It is brief, but may be supplemented at times by reference to more lengthy texts and as the author suggests by a "liberal amount of colored chalk" on the blackboard and gross and microscopic specimens, without which the best of texts and lectures are inadequate.

The questions and references at the end of each chapter are very helpful to the student. We are sure every school of nursing will be glad to include this little volume in its reference library and many students of nursing will wish to own it.

Loula E. Kennedy, R. N.,
Baltimore, Md.

Concealed Tuberculosis or the "Tired Sickness": A Clinical Study Upon the Exhaustion Type of Hidden Tuberculosis Infections. By George Douglas Head, M.D. Illustrated. 137 pages. P. Blakiston's Son & Co., Philadelphia. Price, $2.

"Concealed Tuberculosis or 'The Tired Sickness,'" by Dr. George Douglas Head of Minneapolis, is written more for the medical profession than for nurses. It contains, however, two chapters which should prove valuable from the nursing standpoint: Chapter 2, "Symptoms and Symptom Groups," and Chapter 5, "Treatment."

In Chapter 2, Doctor Head presents a vivid picture of the semeiology of occult tuberculosis and outlines four groups of symptoms, with references from each to the illustrative cases described in detail in Chapter 6. The chest pain group, the nervous exhaustion group, the cold and cough group, and the abdominal distress group are all

adequately dealt with. Nurses noticing any of these symptoms should seek medical opinion immediately. The author also brings out the importance in diagnosis of eliciting a history of previous contact with tuberculosis, which is a point nurses should always bear in mind. With regard to the tuberculin test employed by Doctor Head in diagnosis, my training has lead me to believe that tuberculin is of very doubtful diagnostic value for adults.

Chapter 5 contains an excellent section on instructions to be given to ambulatory cases, which will prove valuable to nurses and might be put directly into the hands of the patients themselves. Bed cases are not mentioned, as they are not within the scope of this book.

ALICE E. STEWART,
Pittsburgh, Pa.

PHYSIOTHERAPY IN GENERAL PRACTICE, and for the Use of Masseuses. By E. Bellis Clayton. Illustrated. 174 pages. William Wood and Company, New York. Price $3.50.

The nurse who has specialized in the particular phase of hospitalization known as Physiotherapy, will find much of interest in "Physiotherapy in General Practice," by E. Bellis Clayton, M.B., B.Ch. The author apparently intends this work to be used as a supplementary text book. He presupposes that the individual reading it has had the fundamental training in Massage, Electrotherapy, Hydrotherapy and Thermotherapy, for little mention is made of the technic, the physiological effects, the indications and the contra-indications of these various modalities included in Physiotherapy. The author devotes much space to the subject of therapeutic exercise. Passive movements and all forms of active exercise are explained as to kinds and purpose. Movements for all muscle groups, with the methods of progression are given. This, combined with the appendix (in which the more technical terms are explained) is an excellent foundation for the exercise treatment suggested for various conditions. The nurse, interested enough to give the subject serious study, using this text book as a guide, could handle, within certain limits, exercises beneficial for some conditions. For the adequate treatment of most conditions, however, the operator needs special training in gymnastics and corrective work, which training is not included in the curriculum of the nurse's training course. Throughout the book, the author stresses the value of breathing exercises, and the important rôle the nurse can and should play in the prevention of deformities.

EMMA E. VOGEL,
Washington, D. C.

REPORT OF THE COMMITTEE TO STUDY VISITING NURSING, INSTITUTED BY THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING at the request of the Metropolitan Life Insurance Company.

This study, based on first hand observation and carefully compiled data, is the most outstanding accomplishment of the National Organization for Public Health Nursing in the last two years. The report is well arranged, well printed, and withal exceedingly interesting. It has already been widely distributed by the Metropolitan Life Insurance Company, but it should be in the libraries of schools of nursing.

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